



South Carolina 4-H

2019-2020 Volunteer Handbook

(Version 1.0 – August 2019)

I pledge my



HEAD

to *clearer thinking,*

my



HEART

to *greater loyalty,*

my



HANDS

to *larger service,*

and my



HEALTH

to *better living*

for my club, my community, my country, and my world.

Welcome to 4-H



Thank you for opening the South Carolina 4-H Volunteer Handbook and being a vital part of our organization! The purpose of this handbook is to create a framework for 4-H programs in South Carolina and provide easy access to informational resources, working toward the overall effectiveness and success of the South Carolina 4-H Youth Development program.

In 4-H, we believe in the power of young people. We see that every child has valuable strengths and real influence to improve the world around us. We are America’s largest youth development organization -- empowering nearly six million young people across the U.S. with the skills to lead for a lifetime. As of the 2017-2018 club year, South Carolina 4-H had over 100,000 youth enrolled!

4-H is delivered by Cooperative Extension -- a community of more than 100 public universities across the nation that provides experiences where young people learn by doing. Kids complete hands-on projects in areas of health, science, agriculture, and citizenship in a positive environment where they receive guidance from adult mentors and are encouraged to take on proactive leadership roles. Kids experience 4-H in every county and parish in the country -- through in-school and afterschool programs, school and community clubs, and 4-H camps. These different delivery modes are offered by South Carolina 4-H Youth Development through Clemson University Cooperative Extension.

Based on their interests and guided by adult mentors, youth develop their own pathway in 4-H. They select from a broad menu of local 4-H programs. There are hands-on and learn-by-doing opportunities for everyone.

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Introduction to South Carolina 4-H

South Carolina 4-H Youth Development is the youth component of Clemson University Cooperative Extension, fulfilling our land-grant mission by taking research-based knowledge and educational resources to our state's youth. The 4-H Program uses a learn-by-doing approach and involvement of caring adults to empower youth to become healthy, productive, and contributing members of society. Local 4-H Programs and opportunities often vary by county. For more information, contact your local Cooperative Extension Office: <http://www.clemson.edu/extension/co/index-new.html>

Key components of a 4-H program:

1. **Youth receive 6 hours (minimum) of positive youth development programming annually.** We target 6 hours as a goal for increased impact and reporting standards. For more information on positive youth development, see Defining the Positive Youth Development Experience (page IV).
2. **Experiential Learning Model is utilized in the programming.** This model is presented on page III and discussed at https://nifa.usda.gov/sites/default/files/resource/Experiential_Learning.pdf.
3. **Educational content is research based and age appropriate.** We provide access to resources of the land-grant university system and Cooperative Extension to ensure 4-H programs, curricula, and procedures are based in research and are developmentally appropriate. See the Ages and Stages of Youth Development infographic on page # as a quick reference.
4. **Impact and civil rights data is collected on the program.** In order to keep “making the best better” and communicate our story of impact, we collect data on programming efforts. If you need help with evaluation instruments or surveys to use, please contact your local 4-H Agent.
5. **Open to all youth ages 5-18 years.** Ages in 4-H are determined as of January 1st of the 4-H club year. The club year runs from September 1st to August 31st. (For example, a youth that is 19 years old on January 1, 2020, would not be eligible to participate as a 4-H member, but we welcome them to participate as a 4-H volunteer or in a Collegiate 4-H program if it is available.)
6. **Programs must comply with the Clemson University's Pre-Collegiate Program Office Guidelines.**

**“Making
the
Best
Better.”**

4-H Motto

“I pledge
my *Head* to clearer
thinking,
my *Heart* to greater
loyalty,
my *Hands* to larger
service, and
my *Health* to better
living
for my club, my
community, my
country, and my
world.”

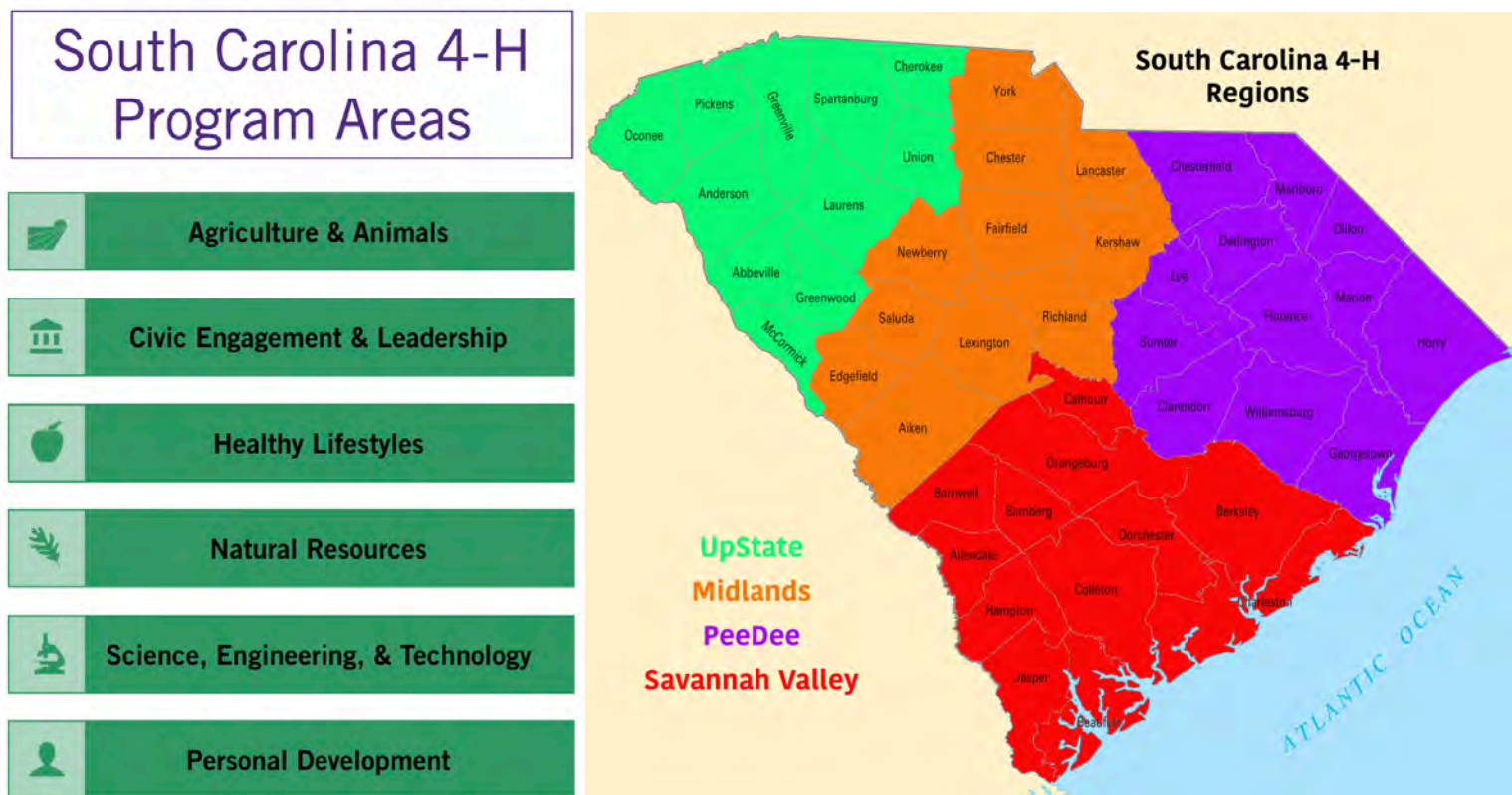
4-H Pledge

**“Learn
by
Doing.”**

4-H Slogan

South Carolina 4-H Programming

South Carolina 4-H Youth Development offers a wide variety of experiences and opportunities to get involved with 4-H. There are six program areas in South Carolina 4-H, each with their own projects and events for youth to participate. To receive more information on these state-level 4-H opportunities, visit: www.clemson.edu/4h Programs are also offered at the county and region-level too. The regions are South Carolina 4-H are presented below.



Age Divisions

There are three general age divisions used in South Carolina 4-H. Again, all ages are in effect as of January 1st of the current 4-H club year.

Cloverbud: Ages 5-8 years old; this is non-competitive age division.

Junior: Ages 9-13 years old

Senior: Ages 14-18 years old

Occasionally, you may see the age division “Cloverleaf” used in reference to a specific program or event. Cloverleaf a subdivision of the “Junior” age division to target younger youth in that age division. Follow the age or school grade guidelines referenced by individual projects or programs to define this age division.

Essential Elements of 4-H Youth Development

The essential elements of 4-H youth development are the underlying principles that we embed in programs, curricula, and learning opportunities to promote positive youth development. Regardless of the project area, youth need these four essential elements to develop to their fullest potential with a variety of experiences.

belonging: a positive relationship with a caring adult; an inclusive, safe environment.

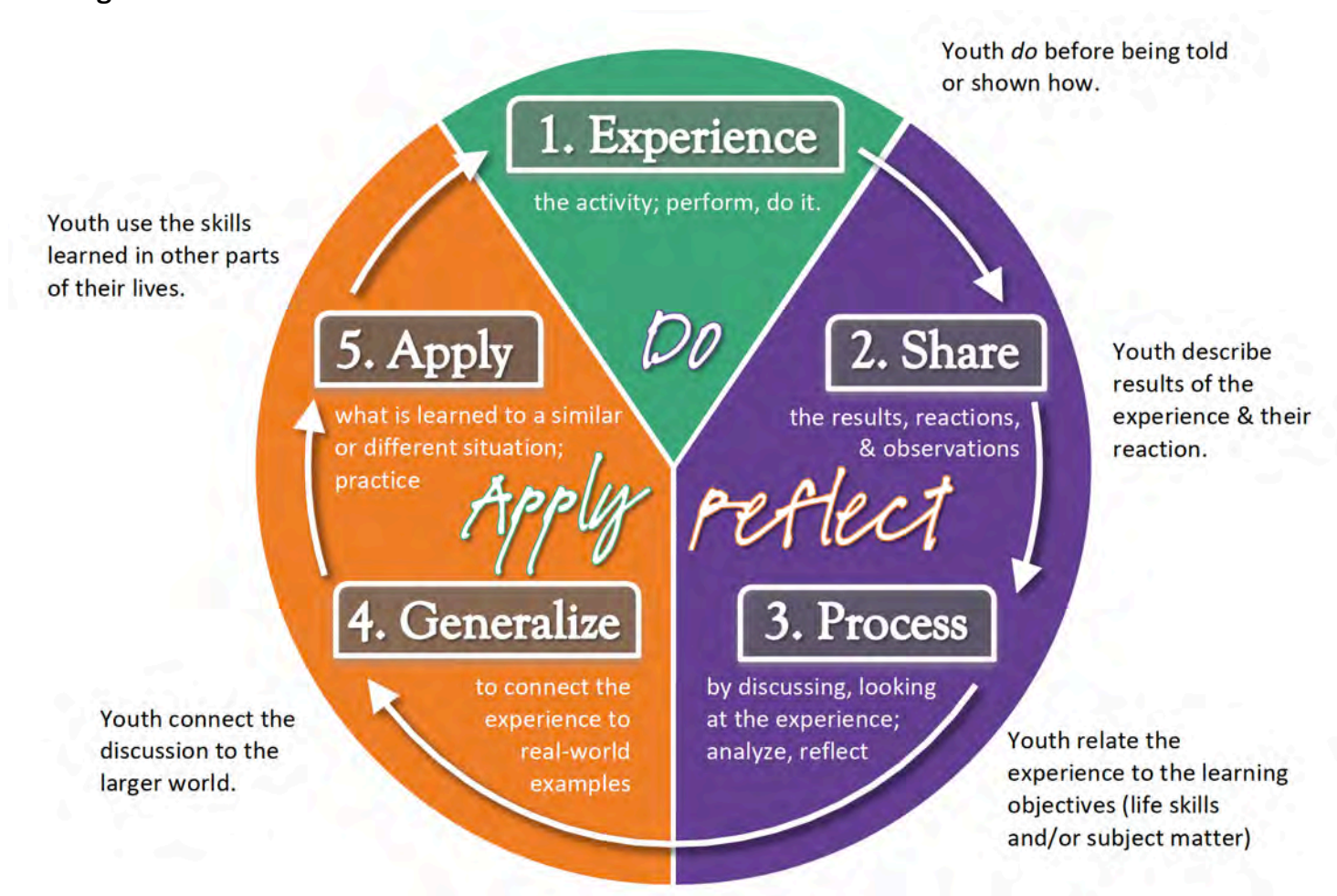
Mastery: engagement in learning; opportunity for mastery.

Independence: opportunity to see oneself as an active participant in the future; make choices.

Generosity: opportunity to value and practice service to others.

Experiential Learning Model

In 4-H, supportive, caring adults help youth discover what they are learning with minimal guidance. Part of their experience is to learn and discover on their own and to pursue deeper understanding to be able to apply what was learned in other life situations. We encourage youth to seek, and adults to provide, mentoring in life- and technical skill development through use of a **five-step experiential learning model**.



Defining the 4-H Positive Youth Development Experience

4-H serves as a model program for the practice of positive youth development by creating positive learning experiences; positive relationships for and between youth and adults; positive, safe environments; and opportunities for positive risk taking.¹

4-H positive learning experiences are an active process where young people gain understanding, skills, dispositions, identities, and new habits of mind through hands-on experiences. 4-H positive learning experiences are reflective and intentional. 4-H learning is also progressive, with experiences building on each other over time. 4-H learning is social and connected to a larger, real-world context. It is a multi-dimensional experience that integrates transformative relationships, learning environments, learning pathways, and learning outcomes.²



The positive relationships between youth and adults is a key component of the 4-H positive youth development experience. These relationships are built on a foundation of mutual respect and caring. 4-H programs provide opportunities for adaptive developmental relationships, where youth interact with their contexts in ways that are mutually beneficial and empowering. Developmental relationships help youth feel expressions of caring, expand possibilities, share power, provide support, and challenge growth.³

The 4-H program creates **positive, safe environments** through its organizational practices. The organizational practices are a combination of program quality standards, such as inclusion, safety and standards; program values, such as collaboration, culturally competent, flexible and youth as resources; and youth program principles, such as youth engagement, low/staff/volunteer to youth ratio. These practices describe the intentional strategies upon which a high quality youth program is built that has safe, reliable and accessible activities and spaces.⁴



Positive risk taking challenges growth and teaches youth how to push themselves to keep getting better, learning from mistakes and setbacks, and striving to live up to their potential. The 4-H program recognizes that challenges and experiences that stretch youth can be used as a strategy to help youth develop positive outcomes. Instead of avoiding difficult situations, positive challenge and growth can be a tool in addressing the ever-changing future.¹

¹Fact Sheet: *The Science of Positive Youth Development*. (March 2016)

<https://nifa.usda.gov/sites/default/files/resources/Science%20of%20Positive%20Youth%20Development.pdf>

²The 4-H Learning Experience: A Framework for Learning and Teaching in 4-H. (2016) <https://nifa.usda.gov/sites/default/files/asset/document/The%204-H%20Learning%20Experience.pdf>

³The Developmental Relationships Framework. (July 2016) Search Institute. <http://www.search-institute.org/downloadable/Developmental-Relationships-Framework.pdf>

⁴University of California 4-H Youth Development Program Framework as described in Arnold, M. E., Silliman, B., Bledsoe, L., Diaz, L., Johnson, J., Lauxman, L., Miner, G., and White, D. J. (2016). *4-H Program Quality and Accountability Task Force: PYD Frameworks committee final report*.

Starting and Maintaining 4-H Clubs in South Carolina

What is a 4-H Club?

The 4-H club serves as the primary means of providing youth development programming in 4-H. It has the advantage of long-term involvement with the support of “caring” adults. Clubs are organized and supported to provide community based, positively structured learning opportunities for youth throughout their developmental years. Surveys of youth who have been involved in out-of-school youth programs report the importance youth place on knowing that programs will continue over many years. Youth are reluctant to take ownership in groups or establish relationships with volunteers when they appear temporary. While other 4-H delivery methods are effective, more in-depth experiences occur in and through the club.

The goals and structure of 4-H clubs vary according to the needs of the members they serve. Some clubs offer one project topic that the entire membership experiences together at the club meeting. Others offer a selection of projects delivered through project meetings held at times outside the club. Some clubs have a singular focus, such as community service clubs, or they serve a specific audience, such as tribal reservation, after-school, or home-school youth. Yet, there are components and characteristics common to all 4-H clubs and these commonalities provide the definition of a 4-H club.

A 4-H Club:

- Is an organized group of 5 or more youth from at least 2 families.
- Has a planned program that is ongoing throughout all or most of the year.
- Is advised by adult staff or volunteers.
- Elects officers.
- May meet in any location.
- Includes opportunities to learn skills through a wide variety of project experiences.
- Offers opportunities for leadership, citizenship/community service, and public speaking.

Who can join?

Youth ages 5-18 (as of January 1 of the current, 4-H year) are eligible to be 4-H members in South Carolina. The 4-H club year traditionally runs from September to August. Younger members (5 to 8 years of age) are called Cloverbuds. Additional volunteers are required to support clubs and events with Cloverbuds. Programs targeting this age group should focus on cooperative learning instead of competitive events based on an individual. Junior 4-H'ers are 9-13 years of age and Senior 4-H'er are 14-18 years of age, as of January 1 of the current, 4-H year.

Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, gender, religion, national origin, disability, political beliefs, sexual orientation, gender identity, marital or family status and is an equal opportunity employer.

Types and Characteristics of Clubs

Organized 4-H Clubs

The 4-H club is one of the most effective methods used by the 4-H program. Clubs are organized groups of boys and girls supported by adult volunteers. The 4-H club conducts meetings and activities throughout the year — usually holding six or more official meetings annually.

Club meetings typically include:

- The conducting of some business by the officers,
- An educational program, and
- A group team-building or recreational activity.

The club frequently includes opportunities for leadership, citizenship, and public speaking. It may meet in any location. A chartered club is authorized through the county and state Cooperative Extension to use the 4-H name and emblem.

In all clubs, members are encouraged to learn and participate in one or more projects. Additionally, clubs do a community service activity or service-learning project during the 4-H year. All clubs require at least one designated adult club volunteer. There are different methods and locations of organizing 4-H clubs. Clubs may be formed in communities, in schools, in after-school settings, or on military installations. Two distinctive types of methods or organizational structure exist: clubs where youth have multiple interests or singular focus. Either type of club should provide an opportunity for youth to plan and conduct their own program with the guidance of adult volunteer(s) or have input into what they want to learn within a project focus. These clubs usually have elected youth officers, develop their own club name, create their by-laws and learn to govern themselves.

General or Multi-Project Club	Project Club
<p>The multi-project or general club:</p> <ul style="list-style-type: none">• meets regularly to conduct a business meeting,• provides an educational program or activity (often by the youth themselves),• addresses county and community issues through community service-learning projects, and• offers a selection of projects delivered through project meetings held at times outside the club meeting. <p>This format provides a wider choice of learning experiences for the 4-H'er, but requires more volunteers for the additional project meetings. It is more complicated than single project clubs to manage.</p>	<p>The project club:</p> <ul style="list-style-type: none">• meets regularly to conduct a business meeting (can be seasonal),• provides an educational program or activity (often by the youth themselves),• addresses county and community issues through community service-learning projects, and• focuses on one project for the entire membership. <p>In a single-project club, all the members are enrolled in the same project; although, they may be active in more than one project club.</p>

Supplemental Learning Activities

In addition to the many activities scheduled in club meetings, 4-H members in all clubs are provided access to additional structured learning opportunities through community service-learning projects, day camps, overnight camping, trips, and events/activities, including competitive events/activities (fairs, judging etc.) and non-competitive events/activities (clinics, workshops, retreats, seminars, etc.).

Club Program Support Materials

Club kits for South Carolina 4-H and the annual South Carolina 4-H T-shirt are available for purchase through your local Extension Office. More 4-H items can be purchased via the 4-H Mall: 4-hmall.org. These or other materials may be available from your local 4-H office for club support each year:

- Club Secretary's Book
- Club Treasurer Book
- Club Financial Handbook
- A Guide for Club Officers

Enrolling Members

Youth may join 4-H at any time and clubs may be formed throughout the year. ***New for the 2019-2020, all members must enroll in South Carolina 4-H using the 4HOnline enrollment system.*** Beginning September 1st, parents and youth enroll in 4-H via <https://www.4honline.com>. Check with your County 4-H Agent for your county's online enrollment procedures. Members who cannot enroll online may bring a completed membership form to the local Extension Office and receive assistance completing online enrollment. Enrollment includes choices for projects, releases for use of photographs or program evaluation tools, and agreements for non-discriminatory membership. A statewide 4-H Code of Conduct must be read, signed, and submitted with the 4-H enrollment.

Enrolling Volunteers

South Carolina requires a screening and training process prior to serving as an official 4-H volunteer and working directly with youth. Position descriptions that outline leader responsibilities should be provided locally. ***New for 2019-2020, every volunteer who works directly with youth on a non-supervised basis or for an overnight situation must register in 4HOnline (<https://www.4honline.com>) as an adult volunteer***, as well as complete the South Carolina 4-H Volunteer screening and training process. In addition, 4-H Volunteers that transport youth in a vehicle must submit a consent form for Motor Vehicle Check and have taken the AAA Driver Improvement Program training (good for 3 years) offered through Clemson University. Volunteers who cannot enroll online may bring a completed membership form to the local Extension Office and receive assistance completing online enrollment, screening, and training. Throughout the year, youth, staff and volunteers who participate in special programs beyond the club level (e.g. 4-H Club Camp, State 4-H Congress, National 4-H Conferences) are required to complete additional forms that are specific to the event.

CU Cooperative Extension Services Insurance

<http://www.clemson.edu/administration/risk/accident-insurance/enrollment-request-form-cu-coop.html>

This Accident Insurance is for Clemson University Cooperative Extension Services Only.

This policy is through Berkley Life and Health Insurance Company. Please direct questions regarding Cooperative Extension Accident Insurance coverage to Clemson University Risk Management, E-306 Martin Hall, Clemson, SC 29634-5339, 864-656-3365.

There is NO charge to individual groups for this coverage. This is a blanket policy and is pre-paid by Extension Services. However, all activities are required to be reported through the "Enrollment Request form for CU Cooperative Extension Accident Insurance" in order to be covered by this policy.

Coverage:

Maximum Benefit for Accident Medical: \$25,000. Maximum Benefit for Sickness: \$5,000.

Dental (sound natural teeth): \$250. Per tooth per Covered Accident

Accidental Death & Dismemberment Benefits Benefit Maximum: \$100,000. Deductible: \$0

Coverage applies while participating in CU Extension supervised and sponsored activities.

* Required Department: *

Select the county in which your group operates

Administrator of Activity*:

Chaperone – your name

Number of Participants*:

Number of members in club

Effective Date of Activity: *

First meeting date

Termination Date of Activity: *

Last meeting of your year

Number of days: *

How many days out of the range given above, you will meet for meetings and special activities or service projects.

Age Group: *

Description of Activity: *

Club meetings and events

Location of Activity: *

Where the club meets

Type of Travel: * If no transportation is being provided, please enter N/A

n/a

E-mail Confirmation Address: *

Your email address

NEW 4-H CLUB CHARTER APPLICATION

(to be completed by Club Secretary)

Name of 4-H Group _____

Type of 4-H Group _____

**(4-H Project Club, 4-H Special Interest Group, General 4-H Club)
Community/School County**

Purpose of Club _____

Name of Club Leader _____

Date Organized _____

President: Name _____

Address _____

Vice President: Name _____

Address _____

Secretary: Name _____

Address _____

Signed by: _____

Club President _____

Club Organizational Volunteer(s) _____

4-H Agent _____

Date of Application _____

Attachments:

____ Club Program Plan with meeting dates and locations

____ Roster of Club Members

____ Signed *Charter Request Form*

____ Club By-laws/Rules

____ Club Officers/Defined Youth Roles

Submit to your County 4-H Office

ANNUAL REQUEST FOR CLUB CHARTER

Due: _____ County Extension Office _____

Name of Club: _____

Type of Request: ☐ Establishment of a new club
☐ Continuation of: _____

Purpose of Club: to carry out a continuous 4-H club program, servicing the needs of youth in _____ County.

Name of Club Leader: _____

AGREEMENTS:

I understand that if this club disbands during my leadership, all property and funds of this club or group shall be returned to the County 4-H Program Leader. If the group continues, it shall be turned over to the new club leader.

It is the policy of _____ of the _____ County
(Club Name) (County)

Extension Service, 4-H & Youth programs, that all persons shall have equal opportunity and access to its programs and facilities without regard to race, color, religion, gender, sexual orientation, national origin, or disability.

Number of youth enrolled in this club: _____ Hispanic _____ Non-Hispanic
_____ Black _____ White _____ American Indian _____ Asian/Pacific Islander _____ Other

Club Leader: _____ **Date:** _____
(Signature)

** The approval below will be granted upon receipt of this form for all clubs with minority enrollment. Clubs not meeting this requirement will be notified and will be required to conduct All Reasonable Efforts between the dates of September 1 and December 31.

OFFICIAL APPROVAL FOR 4-H CLUB OR GROUP: On the basis of the above purposes, and having fulfilled the Affirmative Action requirements, the _____ is authorized to use the 4-H name and emblem in connection with its program and activities and is considered an official 4-H club of the Cooperative Extension Service.

Signed: _____ County 4-H Program Leader

Checklist for Annual Club Enrollments

- ☐ Youth members enrolled in 4HOnline
- ☐ Statewide 4-H membership dues paid (\$15 for annual 4-H membership, includes T-shirt)
- ☐ Additional club dues (if applicable)
- ☐ Volunteers enrolled in 4HOnline with completed trainings/screenings
- ☐ New or Annual Charter Request form submitted (signed by club leader)

Establishing and Chartering a NEW 4-H Club

South Carolina has established criteria for enrolling as an official 4-H Club. Official enrollment as a 4-H Club and receipt of a 4-H Club charter gives the club the authority to use the 4-H name and emblem. Clubs must be chartered through a request to the local Extension Office, meeting the minimum criteria and receiving written approval. Criteria for clubs in South Carolina are as follows:

- The club has 5 or more members (from at least 2 families) with completed enrollments.
- The club is organized with youth officers or defined youth leadership roles.
- There are one or more appointed club volunteers, following application, screening and training.
- An initial meeting place is secured for at least several consecutive months.
- An official, non-discriminatory club name is chosen.
- Club rules, which may be in the form of bylaws, are established.
- At least 6 or more regular meetings, plus project meetings, are scheduled.
- A written educational plan/calendar for the club program and activities is presented to the county 4-H office (draft is okay).
- Follows the affirmative action policy of the Cooperative Extension Service.

A copy of the club enrollment is kept on file with the County Extension office. When requesting a club charter, the New 4-H Club Charter Application or Annual Request for Club Charter Form should be completed by the Club Secretary and signed by the Club President, Club Organizational Leader, and Extension staff. Once completed, the Extension staff will then forward the request to the State 4-H Office. An official charter from Extension will acknowledge club status annually.

Fiscal Requirements of 4-H Clubs

Chartered clubs have several rights and responsibilities for fiscal management of resources garnered in the name of 4-H. All individual clubs in South Carolina operate under the fiscal authority and jurisdiction of Clemson University. In each county, the County Extension Office is accountable for the administrative oversight of all funds associated with the County Extension and 4-H program. Club treasuries and fundraising activities have specific guidelines and procedures to follow. As clubs are formed, club leaders will receive training and materials regarding county 4-H club fiscal policies. Each club receives a South Carolina 4-H Club Treasurer's Book annually. Details in the Accounts Tip Sheet.

4-H Club Accounts Tip Sheet

Created by Melissa Kelley (melissk@clermson.edu); August 2016.

Expenditures	4-H Club Accounts are funds established under the University system to allow 4-H clubs to deposit and disburse funds necessary for club business. These funds are primarily secured through fund raising. With the exception of alcohol, gift cards (non-specific to awards), and gas cards, funds can be used for the purpose for which they are raised in support of 4-H.
Pre-Approval	All club expenditures must be approved in advance by the club and recorded in the meeting minutes. This pre-approval of expenditure is necessary to ensure that the club has adequate funds to cover the expense and that the club account is not overspent. The "4-H Order/Direct Payment From" must accompany any request to purchase items using 4-H club funds and must be signed by Club Leader approving purchase. Email approval is acceptable in lieu of an actual signature.
Direct Orders In CU BuyWays	The BuyWays purchasing system allows for ordering items for club use in advance of need. Pre-planning is needed to use this system. Should a vendor be willing to provide an invoice for payment, this can also be processed through the BuyWays system. The "4-H Order/Direct Payment Form" will initiate these transactions.
Direct Billing	<p>Several hotels will allow direct billing which prevents up-front payments by clubs and volunteers. Contact the facility directly and ask, "Will you accept a purchase order from Clemson University?" to determine if they allow direct billing and also if they will honor the state government rate. If so, then you will receive an estimate for the total amount of lodging. To process the payment the RBC will enter the purchase order (PO) in BuyWays for payment to the facility. The "4-H Order/Direct Payment Form" must accompany the request. The invoice is then mailed from the hotel to Clemson University and the hotel will be paid directly. If the Club Leader is handed an invoice, they should submit it to the 4-H Agent, who will approve and send to the RBC for payment.</p> <p>If the hotel states that they will direct bill, but do not have an account for Clemson University, then you can establish one. Often a credit application is required by the facility, which they can send you electronically. In this case, the credit application is forwarded to Melissa Kelley melissk@clermson.edu in the Clemson University PSA Business Office to assist the vendor with setting up the direct billing process. Please allow 30 days' notice to setup this avenue for payment. The form is then returned to you so that you can forward it to the hotel. Once the hotel approves the account, you can make reservations.</p>
Pre-Payments to Vendors	<p>Pre-payments can be processed through CU BuyWays if the amount owed for a service is known ahead of time. Examples would be for judges, bus drivers, 4-H Camp. An invoice must be received in advance for full amount of payment. The "4-H Club Order/Direct Payment Form" must accompany the request. Payments to individuals/companies require them to be registered into the CU BuyWays Vendor Registration System. Link: https://www.clemson.edu/procurement/suppliers/index.html</p> <p>A check is issued and sent directly to the vendor, unless we know ahead of time and are told to mark it "Hold for Pickup" or "Attachment". This</p>

	<p>should be indicated at the top of the “4-H Club Order/Direct Payment Form”.</p> <p>If marked “Hold for Pick Up” someone in the PSA Business Office (Beverly Lavier or Melissa Kelley) must be notified that you have a check that needs to be picked up. We need the BuyWays Invoice # and the Vendor Name. We can then pick up the check and mail it to you. We will need to know who you want it mailed to.</p> <p>If marked “Attachment” you must send an envelope with the address that you want the check mailed to on the front and the BuyWays Invoice # on the back. The envelope must be received by Jennifer Cobb in Procurement before the Thursday that the checks cut. She will then mail the check in the envelope provided.</p>
P-Card Purchases	<p>Extension Agents are eligible to apply for a purchasing card to use for on-line or in-store purchases. Volunteers are not eligible to have a P-Card. Therefore, prior arrangements must be made with the 4-H Agent to purchase items using this method. P-Card purchases must be pre-approved by the Agent.</p> <p>P-Card Uses:</p> <ul style="list-style-type: none"> • Over the counter sales with local vendors • Purchases from the US Post Office • Air Fare • Conference and course fees, registration fees <p>Limitations:</p> <ul style="list-style-type: none"> • Personal Use: Gifts, flowers, coffee services, cash advances, etc. • Business Travel Expenses: accommodations, car rental, oil/gas, and restaurants, business meals, personal items. • Charges over \$2500, no splitting of transactions to avoid limit. • BuyWays and the P-Card cannot be used to make purchases that are to be charged directly to Clemson University Foundation. You can however use the P-Card or BuyWays as long as the charge is allowable on a CU Companion project that is established for your foundation funding. <p>For a complete list of Allowable/Unallowable charges on the P-Card please see: https://www.clemson.edu/procurement/faculty-staff/pcard-program.html</p>
Sales Tax Exemption	<p>Clemson University is not exempt from sales tax. No Sales Tax Exemption forms are to be completed using Clemson University’s Tax ID#.</p>
Fundraising	<p>Clubs conducting fund raising activities (which may include concession sales, plant sales, fruit sales, candy sales, doughnut sales, magazine sales, etc.) will account for all funds collected by members and will be responsible for proper preparation of “4-H Club Deposit Forms”. An order log/sales sheet is sufficient documentation to account for collection of funds by club members from individuals purchasing items for sales. You do not have to have a receipt for each individual, as long as you attach the log showing each individual that has ordered and paid. One receipt can be written to cover the entire log.</p> <p>Clubs purchasing items for re-sale (i.e. fundraising, concessions, etc.) will pay sales tax at the time of purchase and will not collect sales tax upon sale of the item.</p>

Temporary Petty Cash Advance	<p>A Temporary Petty Cash Advance is a cash fund that is used when larger amounts of cash is needed for a club event or activity. Examples include premiums for county horse shows, livestock shows, exhibits, awards at achievement programs, etc. 4-H Clubs wishing to request a Temporary Petty Cash Advance will notify the local County 4-H Agent at least 30 days prior to the event. The Temporary Cash Advance cannot be made for more than what is currently available in the Club's project.</p> <p>When funds are picked up, the authorized club representative will complete a "Non-Employee Temporary Cash Change of Custodian" form for the amount of funds received. Funds are to be place in a tamper proof bag when given to the club representative. During the time that the funds are out, they are the responsibility of the individual who signed the custody transfer form.</p> <p>If funding is to be distributed as awards or prizes to support 4-H Club activities, a log must be maintained of all disbursements by name.</p> <p>Participants earning \$100 or more should be paid via check in the BuyWays system. If an individual is to be paid via BuyWays instead of using the cash advance, a separate log should be utilized to show name, address, email, and phone number of person to be paid along with the amount to be paid. These individuals will need to register in BuyWays under One-Time Payment. The individual is required to register online since personal tax information and checking account information may be required. Registration Link: https://www.clemson.edu/procurement/venreg/index.php</p> <p>If any individual receives \$600 or more on a single or cumulative basis during a single calendar year, it will be reported by the university via IRS Form 1099.</p> <p>Any unused funds must be returned to the County Extension Office, within 7 days after the event in a tamper proof bag, along with a completed spreadsheet of participation and class placing, a participation log showing the name of the event, location, date, participants name, address, total cash amount awarded to each individual, and their signature showing that they received the cash. The total amount awarded and received must show at the bottom of the log signed by the custodian of the Temporary Cash Advance. All funds expended outside of awards must have a receipt. The sum of the unused cash, the total amount awarded, and total of receipts must equal the total of the disbursement funds received.</p> <p>A Temporary Petty Cash Advance can also be utilized to obtain cash for making change at an event. In this case, the total distributed must equal the total amount returned.</p> <p>CU Employees should familiarize themselves with the Temporary Cash Advance Policy & Procedure for detailed instructions and rules regarding these funds: https://www.clemson.edu/finance/business-manual/cts07pol.html</p>
Deposits	Funds should be turned in to the County Extension Office for deposit as

	<p>soon as possible. Clemson University's policy is that all funds should be deposited within 3 days of receipt. Each deposit should be accompanied by the "4-H Club Deposit Form," and the yellow copy of the receipts matching the deposit from the Club's receipt book. If funds are delivered during office hours, a CU Employee will verify funds in front of the Club Leader and both will sign the "4-H Club Deposit Form". A copy of the form will be given to the Club Leader, and the original will be placed with the deposit backup that goes to the RBC. If a deposit is left in an overnight drop box, the county will mail/email a copy of the 4-H Club Deposit Form to the Club Leader. No cash is to be sent to the Extension Office via US Mail.</p>
Forms	<p>Volunteer reimbursement requests don't have to exactly match the forms. The more information that we have the better, original receipts, if food has been purchased; a detailed receipt of the exact food/meals purchased is required.</p>
Specific Purchases	<ol style="list-style-type: none"> 1. Catering can be paid for prior to an event but you can't put restaurant meals on a P-Card. (Only exception is if we are feeding 4-H Club participants and volunteers only. NO CU Employee meals are to be purchased with a PCARD. CU Procurement will need to be notified in advance so that they can unlock the restaurants for food purchases.) 2. Food from Grocery stores are allowed and can be coordinated with the County Agent to be purchased with a P-Card. Again, this food must be for 4-H participants and volunteers only, no CU Employees.
Raising and Using Funds	<ul style="list-style-type: none"> • Some examples of appropriate fund raising: <ul style="list-style-type: none"> ○ 4-H Handbook and Policy Guidelines car washes ○ Product Sales (e.g. candy, nuts, flowers, gift items, bird houses, pizzas) ○ Learn to Earn projects ○ Carnival or booth at fair • Some examples of inappropriate fund raising: <ul style="list-style-type: none"> ○ Sale of a product which is inconsistent with the mission and image of 4-H ○ Sale of products which are poor in quality or in poor taste • Some examples of appropriate use of funds: <ul style="list-style-type: none"> ○ Educational field trips ○ Community service projects ○ Member and leader recognition ○ Scholarships to participate in 4-H activities (e.g. Camp) ○ Educational scholarships ○ Donation to the 4-H center or Foundation • Some examples of inappropriate use of funds: <ul style="list-style-type: none"> ○ Expenditures which have not been approved or which do not comply with by-laws ○ Anything in which only a few members continually benefit
Obtaining a Report of Club Funds	<p>Reports showing balances in Club accounts and breakdown of revenue and expenditures are available upon request from your County 4-H Agent.</p>
Disbanding a Club	<p>If a Club is disbanded, the funds remaining in the individual club project will be transferred to the County 4-H program funding.</p>



4-H Club Individual Reimbursement Form



Name of Individual to be Reimbursed: _____

The above named individual purchased items or services out of their own personal funds, for use by our 4-H Club and is approved to receive reimbursement in the amount indicated below.

4-H Club Name: _____

Date of Purchase/Receipt: _____

Purpose of Purchase: _____

Purchaser Signature: _____

Date: _____

I hereby certify that the expenses listed above were incurred by and are necessary and appropriate expenditures of the University for the use in an approved 4-H program. By my signature, I acknowledge that the goods and/or services purchased become the property of 4-H and Clemson University.

Agent Approval: _____

Date: _____

Receipt Required:

Attach Receipt Here or Staple to Reimbursement form.



4-H Club Deposit Form



	Totals
Coins	\$
Bills	\$
Checks	\$
Grand Total	\$

Allocate Amount by Source:

4-H Club Funds \$_____	Registration \$_____
Membership Dues \$_____	Event: _____
Project Funds \$_____	Other _____ \$_____

Receipt #s Included: _____ to _____

(Attach Receipts to this form)

4-H Club Name: _____

Club Leader: _____ **Date:** _____

Clemson Employee: _____ **Date:** _____

The signatures above verified the amount received matches the total of all receipt tickets. The original is to be placed with the deposit backup. A copy is to be given to the Club Leader. If the deposit was not verified in front of a Club Leader, a copy of this form is to be mailed to the Club Leader for backup.



4-H Club Order/Direct Payment Form



4-H Club Name: _____

Date Items Needed By: _____ **or Invoice Due Date** _____

Hold for Pickup: _____ **Attachment Required:** _____

Address to mail check to if different from vendor:

Purpose of Purchase: _____

Items to be Ordered (If Applicable):

*

*

*

*

*

*

Club Leader Signature: _____ **Date:** _____

By my signature, I acknowledge that the goods and/or services purchased become the property of 4-H and Clemson University.

Agent Approval: _____ **Date:** _____

Attach Invoice (if applicable)



Non-Employee Temporary Cash Change of Custodian Form

Current Custodian

Custodian Name: _____ (please print)

Custodian Signature: _____

New Custodian

Custodian Name: _____ (please print)

Custodian Signature: _____

Cash Change Fund Information

Fund Amount \$ _____ Date of Event _____

In accepting custody of change of custodian I understand and agree to the following:

- I am responsible for full compliance with all Clemson University policies and procedures relating to cash funds.
- If this advance fund is not reimbursed within seven (7) days of the event, the amount of the funds will be deducted from my 4-H Clubs Account.
- If my account becomes delinquent and is turned over to a collection agency, I agree to pay collection costs, attorney's fees, and court costs associated with the collection of the fund.
- If I am no longer affiliated with the 4-H Club I will complete transfer of custody immediately.
- Any fund amount deducted from my 4-H Club Account could result in forfeiture of the club's privilege to use cash funds in the future.

By signing each party affirms that they have verified the cash advance fund total(s) are correct and agree to the total(s) listed above. The individual designated as the new custodian has read and understands the university procedures regarding cash funds.

Funds Returned Verification

The Cash Advance used for the 4-H event conducted on the date above were returned to the Extension Office and have been counted and verified for accuracy.

Cash Returned \$ _____ Receipts/Log Total \$ _____ Date Returned _____

Current Custodian

Custodian Name: _____ (please print)

Custodian Signature: _____

New Custodian

Custodian Name: _____ (please print)

Custodian Signature: _____

Annual Summary Financial Report

From September 1, 20_____ to August 31, 20_____

Name of Group: _____

Financial Activity	Amount	Yearly Total
Account balance at beginning of program year: (A)		-----
Taxable sales revenue (List each separately):		
1.		-----
2.		-----
3.		-----
Sales subtotal: (B)	Add 1-3 Above	
Grants, donations, and other fundraising revenue (List each separately):		
1.		-----
2.		-----
3.		-----
Non-sales subtotal: (C)	Add 1-3 Above	
Total revenues for year: (D)	B + C	
Expenditures:		
1.		-----
2.		-----
3.		-----
4.		-----
5.		-----
6. Sales tax for raffles		-----
Total expenses for year: (E)	Add 1-6 above	
Account balance at end of year: (F)	A + D - E	
Back checks that haven't shown up on bank statement: (G)		-----
Deposits that haven't shown up on bank statement: (H)		-----
Adjusted balance (A matching bank statement or record of finance must be attached to verify this amount.): (I)	F + G - H	

Prepared by: _____ Date: _____

Audited and approved by: _____ Date: _____

Approved by CU 4-H Extension: _____ Date: _____

South Carolina 4-H
Yearly 4-H Club/Advisory Summary Sheet
By County

Directions: Please include financial summary information for all 4-H Clubs and Advisories within your county.

County: _____

Name of Advisory Chair: _____

County 4-H Agent: _____

Phone Number: _____

Program Year: _____ to _____, 20 _____

Income

Amount

Grants (Please list sources)

Donations: (Indicate both cash & checks)

Fundraising Events: (Name of Events & Amounts)

All Other Income: (Summary Only)

Expenses: (Summary Only)

Closing Balance

Signature & Date of Agent: _____

Date Received by State Office: _____

Semi-Annual Financial Report

Month: _____	
Name of Group: _____	
Sales Revenue	Amount
1.	
2.	
3.	
Sales subtotal:	
Grants & Other Fundraising Revenue	
1.	
2.	
3.	
Non-sales subtotal:	
Total revenues for month:	
Expenses	
1.	
2.	
3.	
4.	
5.	
6. Sales tax for raffles	
Total expenses for month:	
Account balance at end of month:	
Back checks that haven't shown up on bank statement:	
Deposits that haven't shown up on bank statement:	
Adjusted balance at end of month:	

Prepared by: _____ Date: _____

Audited and approved by: _____ Date: _____

Approved by CU 4-H Extension: _____ Date: _____

Projected Budget/Fundraising Plan	
From September 1, 20____ to August 31, 20____	
Name of Group: _____	
Financial Estimates	Amount
Account balance at beginning of fiscal year:	
Projected account balance at end of year:	
Projected operating surplus or shortfall:	
REVENUE	
Dues	
1.	
Donations (Personal, Estate, Business)	
2.	
3.	
4.	
Grants	
5.	
6.	
Fundraisers	
7.	
8.	
9.	
Non-Cash Donations	
10.	
11. All other income (Ex. Fees)	
Total Projected Revenue (Excluding non-cash donations)	
EXPENDITURES	
Fundraising-related Expenditures	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Activity Expenses (Ex. Field trips)	
1.	
2.	
3.	
4.	
5.	
6.	
Total Projected Expenditures	

Write Yes/No
As Needed

Sales Tax^ License*

Prepared by: _____ Date: _____

Audited and approved by: _____ Date: _____

Approved by CU 4-H Extension: _____ Date: _____

^Note if sales tax needs
to be collected.

*A license or permit is
required for raffles and
some food sales.

Recognizing 4-H Club Performance

Evaluation and Reporting

South Carolina 4-H and local county agents report data to state and federal agencies in an annual statistical report of summarized demographic data regarding members and volunteers. This information includes the numbers of clubs in the county, member enrollment, and project information about the program. Information from our 2016-2017 report has been compiled into the infographic on the last page of this handbook. Youth-development professionals working with a 4-H club for an organization outside Extension will need to work closely with the County 4-H Extension staff to include data on the 4-H club in this report.

In addition to the statistics gathered about the 4-H club, volunteers will want to evaluate the success of the club in providing the support youth need. This will allow club volunteers to communicate how well the club is contributing to the growth and development of its members. Assessment involves more than gathering numbers. While the numbers of youth participating does indicate a level of success in reaching youth (they keep coming or drop out), there are other indicators that will help assess what is happening in the club. Work closely with the 4-H Extension staff and use quality evaluation tools to assess club progress.

Club Performance Recognition

Club recognition systems exist to recognize clubs for their performance. Clubs may strive to reach specific standards of performance just as individual club members work to achieve standards. South Carolina 4-H provides four levels of recognition -- bronze, silver, gold, and emerald for 4-H Club attainment. Each of the four levels of standards is available for clubs to achieve. The Standards of Excellence for 4-H Clubs and Groups can be found on the following two pages.

BRONZE Clover, club receives a BRONZE Clover Certificate and name printed in the 4-H newsletter.

SILVER Clover, club receives a SILVER Clover Certificate and name printed in the 4-H newsletter.

GOLD Clover, club receives a GOLD Clover Certificate and name printed in the 4-H newsletter.

EMERALD Clover, club receives an EMERALD Clover Certificate, name printed in the 4-H newsletter and name in a news article submitted to the local newspaper for publication.

Club Leader Recognition

Each year on May 1st (deadline), the State 4-H Office accepts nominations for the Glen Krohn Award for Volunteerism in 4-H. For more information on how you can nominate someone, please see the application information in this handbook or posted on our 4-H Volunteer website. Please consider working with your local 4-H Agent to nominate an outstanding volunteer!

Standards of Excellence: Club Performance Standards

Club/Group Name _____
County _____
Club/Group President Signature _____ Date _____
Organizational Volunteer Signature _____ Date _____
Total Number of checked responses for the 20 Excellent Standards _____

Check the following Club Performance Standards completed during the 4-H year. Documentation may come from meeting minutes, scrapbooks, photos, newspaper articles, letters, etc., and should be attached to this form.

- _____ 1. Club/group had a planned annual program that includes group goals. (Ex: recruit 4 new members; all members will choose one county learning activity to attend)
- _____ 2. Club/group members were actively involved in planning the club/group's annual program.
- _____ 3. Club/group selected an area of focus for their annual program. (Ex: health & fitness; environmental science; pet care; community service; intercultural understanding) OR club/group is represented in the community, by serving on a committee, council or board with adult partners.
- _____ 4. Club/Group members were involved in implementing the annual program/activities. (Ex: planning and bringing snacks; leading the pledges; calling club/group members for a meeting or assignment; presenting a demonstration; organizing a tour; introducing a speaker; leading recreation; teaching others)
- _____ 5. A calendar for the year was printed and distributed to members, parents, volunteers, and the local Extension Office. (Ex: identify meetings dates, locations, educational programs; special projects; social events; county or district events)
- _____ 6. All members were invited and at least 75% of club/group members were involved in at least nine club/group activities during the year. (Ex: meetings; club/group tours; recognition event)
- _____ 7. Club/Group officers were elected or appointed, and fulfilled their leadership roles.
- _____ 8. Club/Group completed at least one (1) community service project.
- _____ 9. Club/Group completed at least one (1) promotion activity that promotes 4-H visibility at the community or county level. (Ex: participating in a community parade; radio interviews during National 4-H Week; project displays in business windows; or doing website development for County Extension office.)

- _____ 10. Club/Group has completed at least one (1) project that promotes 4-H visibility at the county, multi-county, district, state, multi-state, national or global level.
- _____ 11. Club/Group recruited at least one (1) project volunteer for at least 75% of the member's project learning areas.
- _____ 12. At least 75% of the members made progress toward individual 4-H project goals.
- _____ 13. Group developed a method to communicate with families at least three (3) times per year regarding club/group activities, education, and achievements. (Ex: newsletters; e-mails; calling tree; group activity that includes families)
- _____ 14. Club/Group planned at least one (1) activity to include parents and families in club/group activities. (Ex: project showcase; skating party; tours; recognition event)
- _____ 15. Members took part in a variety of non-competitive activities and/or meetings beyond the 4-H club/ group level. (Ex: county project workshops; council meetings; interstate exchange programs)
- _____ 16. A scheduled recognition event was held for members, volunteers and parents.
- _____ 17. Club/group planned and implemented at least one multi-club activity. (Ex: doing multi-club community service; several clubs managing a community or county event; conducting a multi-club learning or social event)
- _____ 18. Members participated in competitive 4-H events beyond the club/group level. (Ex: county events; district events; state fair; project area competitions)
- _____ 19. 4-H club/group consistently had a safety/supervision ratio of 1 adult to 10 youth.
- _____ 20. The racial/ethnic composition of the club reflects the diversity of the surrounding community. (If club does not reflect the diversity of the community, then successful efforts to contact minority citizens in person, by mail, and through mass media may be used. Work with your county 4-H agent for help achieving this goal.)

This report is due in the State 4-H Office June 1 of the current club year.

<p>12-13 Checked of 20 questions = BRONZE Clover Club Award 14-15 Checked of 20 questions = SILVER Clover Club Award 16-17 Checked of 20 questions = GOLD Clover Club Award 18-20 Checked of 20 questions = EMERALD Clover Club Award</p>



Glen Krohn Award for

Volunteerism in 4-H

The Glen Krohn Award recognizes outstanding volunteer leadership in the 4-H program. It is named for the late Dr. Glen Krohn, retired Assistant Director, Family and Youth Development. Dr. Krohn was a strong believer in volunteers throughout his career, having as one of his philosophical mottos the statement, "Volunteerism is the price you pay for the space you take".

To nominate a volunteer, **submit a one-page overview of the volunteer's accomplishments.** A one-page limit on nominations will be strictly enforced. (Please use one-inch margins and 12-point font of Times New Roman or similar.) Excerpts of the one-page narrative will be read at the State 4-H Awards Banquet at State 4-H Congress for each recipient of the award. The following criteria will be used to judge each entry:

- | | |
|---------------------------------|-----|
| • Impact on Youth | 25% |
| • Program Responsibilities | 20% |
| • Creativity of Program | 15% |
| • Level of Involvement (County) | 20% |
| • Level of Involvement (State) | 10% |
| • Length of Service | 10% |

Nominations are due on May 1st annually. (If May 1st falls on a weekend, nominations are due on the following Monday. Nominations must be postmarked, hand-delivered, or emailed by the due date to:

Dr. Ashley Burns
State 4-H Office/Clemson University
2054 Barre Hall
Clemson, SC 29634-0108
taberp@clemson.edu

Letters of Appreciation should be sent to:

Mrs. Phyllis Krohn
526 Colonial Drive
Greenwood, SC 29649

Updated: April 2018 by T.A. Burns

Guide to Business Meetings and Youth Leadership

Business Meeting Guide

A well planned 4-H club meeting generally consists of three main parts - business, educational program, and recreation.

- The business section of a meeting includes pledges, reports, and announcements. Parliamentary procedure, designed to ensure equal voice for all members, should be used during the business meeting segment when possible.
- The educational program consists of a combination of talks, demonstrations, presentations, movies, guest speakers, etc. The program should be well balanced, with variety to add interest and enthusiasm.
- Recreation is the social part of the meeting. A good recreation program will offer something for all members, not just a few. Consideration should be given to the time allotment and facilities available. The activities and refreshments should support the health aspect of 4-H.

Flags and Pledges

General rules for using the flag of the United States of America:

- The flag should be displayed outside from sunrise to sunset unless there is rainy or stormy weather. (Exceptions are made for special occasions.)
- During the ceremony of raising or lowering the flag, or when it is passing in a parade, all persons should face the flag, stand at attention, and salute.
 - Raise the flag briskly and proudly; lower it slowly, ceremoniously.
 - Never allow the flag to touch the ground or floor. Gather it and fold it correctly.
- When the American flag and the 4-H flag are presented together on a table or a stage, the American flag should always be on the speaker's right (audience's left).
- People in civilian clothes salute by placing their right hands over their hearts. All hats are removed. People in uniform bring their right hands to their foreheads with fingers extended.

Pledge of Allegiance

I pledge allegiance to the flag of the United States of America and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all.

4-H Pledge

*I pledge my Head to clearer thinking;
my Heart to greater loyalty;
my Hands to larger service; and
my Health to better living for my club,
my community, my country, and my world.*



Parliamentary Procedure

Parliamentary procedure gives us the right way to make a motion and to amend a motion. Roberts' "Rules of Order" is the oldest and most recognized set of rules on the best ways to conduct business meetings. The rules were first printed in 1876 by General Henry M. Roberts of the Corps of Engineers, United States Army. If you follow these rules, they will help keep your group orderly and help you reach decisions with less confusion. If your president uses these rules fairly, both the majority and the minority in your club will be heard and respected.



The skill level of the members along with the size and age(s) of your group will usually determine how strictly the rules are followed. With larger groups, it may be necessary to follow these rules very strictly. With small, informal groups you will need to use only the basic rules for making motions, seconding motions, and amending motions. Officers and members need to learn the appropriate parliamentary procedure the group will use in making group decisions. Besides knowing how to make and amend motions, there are some simple rules of courtesy members need to follow in every meeting:

- Only one subject or item of business can be before the group at one time. No new item of business can be introduced or discussed until the one being discussed is voted on.
- Every member of the group has an equal right to speak and be heard.
- The will of the majority must be carried out, but the rights of the minority must also be protected.
- Every member has the same rights as any other member. Any member can introduce a motion, debate and vote on a motion,
- The business and discussion need to follow rules of courtesy. Receive permission from the chair before you speak. Do not talk to other members when someone else has the floor.

Using the Gavel

The President may wish to use a gavel. It is used as a symbol of authority to support self government and an orderly meeting. Here are the general guidelines to follow when using a gavel:

- Two taps of the gavel call a meeting to order.
- Three taps of the gavel signal for all members to stand (this could be used for the pledges, etc.).
- A single tap of the gavel is a signal to be seated.
- One tap of the gavel follows the announcement of the result of a motion being passed or defeated.
- One tap of the gavel follows the announcement that a meeting is adjourned.
- The gavel is an instrument for maintaining order during the meetings. If at any time it is necessary to return the meeting to order, a sharp tap (or series of taps) of the gavel restores order.

Steps to making and voting on a motion:

1. **Addressing the chair:** The member wishing to present an item (motion, question, share information, etc.) for business must first address the presiding officer (by position or title, not by personal name).
2. **Chair recognizes speaker:** The presiding officer will recognize the person by calling their name; once recognized that person may present their item.
3. **Motion is made:** “I move...,” are the proper words to use in presenting a motion.
4. **Motion is seconded:** All ordinary motions must be seconded (“I second the motion.”). If it does not receive a second the motion is dead and cannot be acted upon by the group. The person wishing to second the motion does not have to be recognized by the presiding officer.
5. **Motion is restated:** The motion is restated to make sure everyone understands what is to be voted upon.
6. **Motion is discussed:** Any member of the group has the right to discuss the motion after they receive permission from the presiding officer to speak. All discussion must be about the motion or the speaker can be ruled out of order by the presiding officer.
7. **Motion is voted on:** The presiding officer will say, “Is there any further discussion?” In order to leave time for replies, the presiding officer needs to ask this three times before the motion is voted upon. The presiding officer will say, “All those in favor of ... (restate the motion) say ‘Aye’. All those opposed say ‘No’.”
8. **Results are announced:** The presiding officer announces the results by stating if the motion is carried or defeated.
9. **Amendments to motions:** An amendment must be made in the form of a motion, seconded, and voted on before the motion as amended can be voted on. This usually occurs during the discussion period of the original motion.

The members of the club have a working responsibility to it. It is just as important for the members to do their part as it is for the officers. Unless members and officers work together, the club will not be an effective group. Every club member should support the club by serving as a junior leader, officer, committee chair, or committee member.

Officer Guide

Responsibilities of 4-H Officers

Officers need to be proud of their jobs, do their best, and get things done on time. They need to work with members, parents, and leaders to plan and carry out the club program. To be successful, officers and committees must perform many duties. Some of those duties (or responsibilities) are listed below:

- Secure new members
- Organize the club
- Plan the program, month by month, that involves all members
- Arrange for a meeting place and its care
- Conduct and take part in all meetings
- Keep club records and submit them as required
- Show enthusiasm and interest in the club
- Help every 4-H'er find a place in the club and an opportunity to contribute
- Keep the community informed about the club
- Maintain contact with the local County Extension office
- Share leadership with many and give others the opportunity to develop their skills
- Be dependable

Each officer should work toward the following personal leadership goals:

- I know the duties and responsibilities of my office
- I am willing to improve myself in order to be a better officer
- I am friendly to all members of the club and include everyone in club meetings and activities
- I willingly accept responsibilities assigned to me
- I enjoy doing more work than what is required of me
- I give credit to others for work well done
- I am prompt in arriving at meetings
- My appearance inspires confidence and respect
- I am kind, tactful, and courteous, and use “please” and “thank you” when I should
- I ask for suggestions and cooperation
- I show appreciation to leaders and parents for their time, effort, and devotion to the club

Officer Positions and Descriptions

Not every club will have the same number of officers or the same officer positions. The following is a list of possible positions. Your club may need to create other positions to fulfill specific responsibilities relevant to your club.

President: The president is the presiding officer, the leader of the organization, and the spokesperson for the group. This officer:

- Prepares a meeting agenda in advance
- Conducts meetings according to parliamentary procedure
- Makes sure a quorum (majority) is present before conducting any business that will require a vote
- Appoints a temporary secretary if the elected secretary is absent
- Appoints special committees when needed; checks on committees between meetings to see that necessary work is being done
- Provides opportunities for all members to be heard; encourages everyone to participate
- Keeps order; courteous but firm
- Start and stop the meetings on time

Vice President: The vice president acts as the backup for the president and may over see all committee work. Cooperating with other officers and committees is a vital part of this responsibility. This officer:

- Presides at the club meeting if the president is absent
- Is familiar with parliamentary procedure and the business of the club
- Supervises the work of the committees
- Keeps the club reporter informed about the program for different meetings so advance publicity can be given

Secretary: The secretary is the official record keeper of the club. This officer:

- Calls roll and keeps an attendance record of all meetings and events
- Prepares and reads the minutes from each previous meeting
- Reminds the president of any unfinished business left from the previous meeting
- Keeps a record of committee members, reports, and accomplishments
- Records the exact wording of motions (passed and defeated) and the names of the people making and seconding the motion
- Reads correspondence directed to the group and writes replies when necessary
- Writes letters, requests, and invitations in the name of the club as needed
- Keeps and brings to each meeting all official documents and papers of the club including the secretary's minutes, lists of committees and reports, copies of the annual program plan, and a copy of the club's constitution and bylaws
- Presides over the meeting when both the president and the vice president are absent

Treasurer: The treasurer is the keeper of the money and financial reports. This officer:

- Handles the accounts in a business like way; keeps the accounts up to date
- Maintains accurate records of all income and expenses
- Presents a report at each business meeting
- Collects club dues and/or registration fees (if any)
- Deposits money in a bank and issues checks when authorized to do so by the club

Reporter: The reporter writes and submits interesting reports and photographs of club activities, members, and leaders to local newspapers, radio, and television stations.

Editor: The editor is responsible for organizing and preparing the club newsletter . The newsletter should contain all upcoming activities, recognition of special achievements, and project related information. The newsletter may be printed or emailed.

Web Master: The web master maintains the club website (if applicable) and makes sure the information is kept up to date. It may include special sections for posting the secretary's report, newsletter, press releases, photographs, club history, project information, etc.

Historian: The historian collects various memorabilia about club activities and compiles it into an orderly display. This display should be shared at appropriate events.

Photographer: The photographer brings a camera with them to all meetings and events in order to visually record activities and accomplishments. The photographer works closely with the reporter, editor, historian, and web master in selecting appropriate photographs and captions to be publicly shared.

Host: The host is responsible for making sure that all special guests and speakers are met upon arrival, properly greeted, and introduced to the club.

Parliamentarian: The parliamentarian is the expert on parliamentary procedure and maintains a copy of Robert's Rules of Order for reference. This officer ensures that procedure is followed and makes final decisions on any discrepancies that occur.

Inspiration Leader: The inspiration leader prepares and presents a "thought for the day" for each meeting and special activity. This quote or poem can help set the attitude for the business to follow.

Pledge Leader: The pledge leader makes sure that the flags are at each meeting and event, displayed correctly, and leads the group through the reciting of the pledges.

Song Leader: The song leader uses a variety of songs to help the group have fun and to create a feeling of unity. The song leader may stimulate enthusiasm or quiet a boisterous group depending on the selection of songs.

Recreation Leader: The recreation leader plans various types of games - opening mixers, quiet and active groups games, relays, mental teasers, rhythmic activities, etc. Good recreation develops good leisure time practices of members. Choice of activities depends on the interest and ability of the members, and the type of meeting place.

Refreshment Coordinator: The refreshment coordinator ensures that adequate refreshments are available at each meeting and activity. This includes snacks, drinks, and any needed paper goods. This officer frequently creates a list of which members will bring refreshments on which date, then sends a reminder notice a few days before their scheduled date.

Council Delegate: The council delegate attends the County Council government meetings and presents an update of their club's activities and accomplishments. This officer then reports back to their club any relevant youth or community issues being addressed by the Council.

Election of Officers

It is important that each officer be chosen because of their fitness for the office. The president of the previous year should preside at the election of officers. It is also important to use parliamentary procedure in conducting the election.

NOMINATIONS

To nominate a member for office, one of two methods may be used:

1. A nominating committee may be appointed to suggest a candidate for each office before the election. The members present at the election meeting should be given an opportunity to make other nominations for each of the various offices after the nominating committee's report is made.
2. Candidates may be nominated by those present. This is known as a "nomination from the floor."

The president will say, "Are there any further nominations?". If none, the president may close the nominations or a member can move that nominations be closed. This motion should be seconded and voted upon.

VOTING

When the candidates have been nominated, the president announces their names, and the members vote for the respective officers. The president may have the members vote by raising their right hand, by standing, or by written ballot. If the voting is done by raising the hand or standing, the candidates for the office being voted on are usually asked to leave the room or are asked to close their eyes and bow their heads. When the votes have been counted, the president announces the name of the person elected to each office.

INSTALLATIONS

Clubs may choose to conduct a formal installation ceremony where each incoming officer agrees to accept the position and fulfill that role to the best of their ability. Outgoing officers may pass on any significant materials or supplies to the new officers.

Alternatives to elections

ALTERNATIVES

A club may opt to have officers appointed by the club leaders or have an officer rotation where each month the positions rotate so that every member gets the opportunity to serve in each role. This is particularly useful in very small clubs, or clubs where the members are very young.

Committee Guide

Committee Structure

Much of the work to be accomplished by a club can best be done by committees. This gives more club members the opportunity to participate and to assume responsibility. Committees can make business meetings go more smoothly because much of the detailed planning can be done outside the meeting. In addition, it is good training in group leadership to have a few members devote their full attention to a particular subject, then share their results at the full club meeting. To involve adults, engage the youth-adult partnership model, and appoint a parent or leader to each committee as an advisor. There are two general types of committees:

1. **Standing Committees** are active throughout the entire year. These committees focus on topics that relate to every meeting or are part of a long-term club effort or goal.
2. **Special Committees** are appointed and serve for a single event.

Committees should:

- Know the specific assignment
- Give serious thought and study to the issue
- Seek opinions and suggestions from outside the committee membership, if needed
- Encourage cooperation among its members in working out details
- Prepare recommendations for club action

The committee chair should:

- Call the committee together and preside at the meeting
- Know the assignment given to the committee and explain it clearly at the first committee meeting
- Seek ideas from committee members before expressing their own ideas
- Assign specific duties to committee members, if necessary
- Report the findings of the committee to the club
- Inform the president before the club meeting starts that the committee report is ready to be presented

Committee Descriptions

Executive Committee: Focuses on creating the meeting schedule, annual club plan, and making sure everything is prepared for each meeting. This includes confirming the place and setting the agenda. Usually made of the President, Vice President, Secretary, Treasurer, and club leaders.

Program Committee: Focuses on implementing the annual club plan (created by the executive committee). This may include finding guest speakers, overseeing special committees, or finding educational resources. Usually chaired by the Vice President.

Finance Committee: Reviews the budget, makes recommendations on purchasing supplies, plans and organizes fund raising events. Usually chaired by the Treasurer.

Membership Committee: Focuses on recruiting new members to join and makes sure all new members are oriented to the club activities and are introduced to all the members. Usually chaired by the Secretary.

Service Committee: Focuses on gathering ideas of what can be done to make the community better. Plans and organizes the community service projects for the year.

Recreation Committee: Works to select various games and activities to be used during the recreation portion of the meetings. Usually chaired by the Recreation Leader.

Song Committee: Works to select various songs and music to be taught to and practiced by the club. Usually chaired by the Song Leader.

Publicity Committee: Focuses on making sure the club membership, the county extension office, and the general public is informed of club meetings, activities, and events. Usually made up of those involved with club reporting, photography, newsletters, and the website.

Special Committees

Here are some possible topics that you may want to form a special committee to address: nominations, shows/competitive events, displays/exhibits/fairs, awards/recognition, holiday celebrations, parades, field trips, project related family event, etc.



Additional 4-H Club Resources

Sample Annual Plan

Month	Business	Educational Program	Recreation	Community Project	Special Events
September	Collect enrollment info; elect officers; appoint committees	Parliamentary procedure	Ice Breaker Games		County Fair
October	Announce community service projects	Project record book workshop	Halloween Games	Community beautification	State Fair; National 4-H Week
November	Committee reports	Make holiday gifts and decorations	Team building games	Food drive	County Junior Leadership Workshop
December	Committee reports	Cook holiday dishes and treats	Holiday Party	Toy drive	
January	Discuss parent involvement opportunities	Safety poster contest	Dance lesson	Road side clean up	Family Night
February	Promote county and state events	Prepare presentations	Valentine's Dance	Share projects with nursery school children	Fund raiser
March	Committee reports	Give presentations	Relay races	Statewide service project	County Presentations Contest
April	Committee reports	Career exploration	April Fool's Party	Cards to community volunteers	Make A Difference Day
May	Announce plans for summer activities	Members give project reports	Intergenerational games	Visit nursing homes	Job Shadowing Day
June	Update project records	Healthy lifestyles skills	Patriotic games	Operation Military Kids project	Camping
July	Report on events; annual review; set goals for next year	Entering into fairs review	Picnic; folk games	School supplies drive	County Healthy Lifestyles Challenge
August	Collect records; give out re-enrollment info	Open house; recruitment	Action songs and games	Fairgrounds clean up	Recognition Program

Sample Meeting Agenda



Opening

- President calls the meeting to order
- Pledge of Allegiance
- 4-H Pledge
- Inspirational thought
- Song
- Secretary takes roll call (attendance)
- Introduction of new members and special guests

Officer Reports

- Secretary reads minutes of last meeting and any new correspondence
- Treasurer's report
- Other officer reports

Committee Reports (used to streamline business meetings and keep members involved.)

Member Involvement (reports, demonstrations, etc.)

Unfinished Business (taken from the minutes of the previous meeting)

New Business

Announcements (include the place, date, time, and program topic for upcoming events and activities)

Adjournment (The formal part of the meeting should be adjourned before the other activities, such as committee work, educational program, or recreation begin.)

Educational Program

Recreation and Refreshments

Sample Treasurer's Report

Date Item Income Expense Balance

10/1/xx	Starting balance			100.00
10/8/xx	Collected dues	25.50		125.50
10/15/xx	Club notebooks		15.75	109.75
10/26/xx	Program supplies		47.96	61.79
10/31/xx	Bake sale	42.25		104.04

The balance on October 1 was \$100.00. We received \$67.75 in income from dues and the bake sale. We spent \$63.71 for notebooks and supplies. The balance on November 1 is \$104.04.

Sample Meeting Minutes

The meeting of the _____ (name) 4-H Club was held at _____ (place) in _____ (town) on _____ (date). The president, _____ (name), called the meeting to order at _____ (time).

_____ (number) members were present along with special guest(s) _____ (name/s). 4-H member (or officer), _____ (name/s) lead the club in the pledge of allegiance, the 4-H pledge, and inspiration thought for the day. _____ (name and position) led the song.

_____ (name), Secretary, read the minutes. Motion made and carried to accept the minutes as read. (names of first and second on the motion)

_____ (name), Treasurer, read the treasurer's report. Motion made and carried to accept the report as read. (names of first and second on the motion) _____ (name), chair of the _____ (name) committee reported that _____ (recommendation of committee).

The president appointed _____ (name) chair, _____ (name), and _____ (name) to the _____ (name) special committee. This committee will _____ (state purpose or goal) and report back on _____ (date).

The president announced that the next club service activity would be on _____ (date) at _____ (place) and the next club meeting would be on _____ (date). Motion made and carried to adjourn at _____ (time). (names of first and second on the motion)

Respectfully submitted by:

Tips for Minute Taking

- Make sure writing/typing is neat and legible
- Check for correct spelling, especially peoples names
- Note the when/where/etc. details of the meeting
- List those who took leadership roles during the meeting and what that role was
- Not every word said during the meeting has to be written down
- Exact wording of motions needs to be recorded along with who made and seconded the motion
- Record if the motion carried or defeated
- Keep an attendance list with the minutes
- Prepare written minutes within one week of the meeting (or as soon as possible after the meeting for accurate documentation).

Sample News Story

4-H NEWS RELEASE

May 17, 2019

Contact: Chris Clover, Leader of Greentown 4-H Club

4 Clover Way, Greentown, SC 44444, (555) 555-4444

Greentown 4-H Club To Hold Open House, June 19

The Greentown 4-H Club will hold an Open House on Friday, June 19, from 7:30 to 9:00 pm at the club leader's home on 4 Clover Way. The purpose is to attract new members. The admission is free and refreshments will be served. Parents are encouraged to attend with their children.

The club normally meets the first and third Tuesday of each month at 7:30 p.m. at Clover's home. The club's projects include woodworking, science, and bicycling. They also conduct community service projects, like one they were honored for recently, and also have many fun activities like parties, trips, and camps.

The club currently has eight 4-H members, boys and girls ranging from ages 9-15, from Greentown and several neighboring towns. However, any boy or girl, ages 5-19, from anywhere in Green County is welcome to join.

For more information about the Open House or the Greentown 4-H Club, call Mr. Chris Clover at 444-4444. For other 4-H Clubs in Green County, contact the 4-H Office of Clemson University Cooperative Extension Service of Green County, at 555-4141. Membership in 4-H is offered to all youth, ages 5-18, on an age-appropriate basis, without regard to race, color, sex, religion, national origin, disability, political beliefs, sexual orientation, marital or family status.

Information Needed to Write Story

- Prepared By:
- Address:
- Phone:
- Name of Club:
- Time and Date of Meeting:
- Place of Meeting:
- Opening Ceremony:
- 4-H'ers Giving Reports:
- Program Taught:
- Recreation Activities:
- Community Service Performed:
- Club and County Contact Information:

Clemson University's Pre-Collegiate Program Office

South Carolina 4-H Youth Development is the youth component of Clemson University Cooperative Extension and is, therefore, subject to University compliance. Policies are issued through the Clemson University Pre-collegiate Programs Office (PcPO) and can be amended at any point during the 4-H club year. To keep up-to-date on compliance issues, please regularly consult with your local Extension staff and review the PcPO website (<https://www.clemson.edu/administration/pre-collegiate/>).

Introduction to PcPO

Clemson University is committed to supporting a safe environment for children who are entrusted to our care. The university understands its obligations to safeguard their wellbeing and to provide them the best possible experience. As a land grant university, it is our core mission to offer experiences and opportunities for children that introduce them to our university. The Pre-Collegiate Programs Office (PcPO) was formed in 2011 to establish consolidated oversight of the policies and operating standards for programs and activities involving non-student minors. The PcPO takes a proactive approach to protecting children and the faculty, staff and volunteers of the University.

The *Protection of Minors in Youth Programs and Activities Policy* applies to all Clemson University faculty, staff, student, and volunteer, paid or unpaid, working with minors in programs or activities affiliated with the University.

This site serves as a resource for members of the university community and those responsible for coordinating programs and activities involving minors. For additional assistance and guidance regarding the scope of the Protection of Minors in Youth Programs and Activities Policy, please do not hesitate to contact Clemson's Pre-collegiate Programs Director, Greg Linke at pcpoffice@clemson.edu or 864-656-5716.

Protection of Minors in Youth Programs and Activities Policy and *Reporting Child Abuse or Neglect Policy* are on the following pages. A South Carolina 4-H Quick Guide Reference for Clubs is also included in attempt to provide best practices in additional screenings and supervision ratios (subject to change based upon PcPO policy and procedures updates).

Current procedures

When a program is registered with PcPO and program staff and volunteers are entered with that program, the system will automatically check certifications and screening related to those individuals. Currently, the requirements are a background check (within the past 4 years), annual *Standards of Behavior* signed form, and annual *Detection Prevention and Reporting of Child Abuse and Neglect Training* completed online. Any missing information will prompt an email from PcPO with a link to complete the required information.

Policy Title: Protection of Minors in Youth Programs and Activities Policy

Policy Statement:

Clemson University is committed to supporting a safe environment for minors who are entrusted to our care. This policy creates requirements for faculty, staff, students and volunteers who work in university-affiliated youth programs and activities with minors. The University takes a proactive approach to protecting minors, with the goal of safeguarding their wellbeing and providing them with the best possible experience while participating in youth programs and activities.

This policy grants authority and responsibility to the Pre-collegiate Programs Office and the Minors Program Advisory Committee to implement and enforce this policy and the related Clemson University Policies and Operating Standards for the Protection of Minors as described herein.

Parents and guardians must provide supervision for minors who are under their care. Parents and guardians should not leave minors unsupervised on University property.

Terms and Definitions

Child Abuse or Neglect – South Carolina defines child abuse and neglect to include:

- Inflicting physical or mental injury on a child
- Creating a substantial risk of physical or mental injury
- Commits against a minor a sexual offense prohibited by South Carolina law, permits another person to commit such an offense, or creates a substantial risk of such an offense
- Failing to provide adequate supervision appropriate to a child's age and development
- Failing to supply adequate food, clothing, shelter, or education
- Inflicting excessive corporal punishment
- Encouraging delinquency
- Engaging in sex trafficking of a child (See South Carolina Laws 63-7-20)

Custodial Care – A situation in which a Clemson University faculty, staff, student or volunteer assumes temporary responsibility over a defined time period for the care, custody or control of a minor, for the purpose of the minor engaging in a university-affiliated youth program or activity.

Minor – An individual under the age of 18 who is not enrolled or accepted for enrollment at Clemson or another university.

One-on-One Contact – Interaction between one adult and one minor outside the observation of another adult.

University-Affiliated Youth Program or Activity – Any program, activity or planned event, regardless of where it is held, organized, sponsored, operated or supported by Clemson University that has one or more minor participants.

Policy Details:

Scope

1. This policy applies to all faculty, staff, students and volunteers working with minors in University-Affiliated Youth Programs or Activities.
2. All programs and activities with minors are within the scope of this policy except those excluded in section 4.
3. The policy covers, without limitation:
 - a. Activities, programs and planned events with minors organized by an academic or administrative unit of the University, operated on- or off-campus at any geographic location, in University facilities or other facilities used for programming purposes. Examples include, among others, academic camps, sport camps, traditional camps, 4-H or Cooperative Extension clubs and

- programs, clinics, workshops, conferences, childcare, lessons, tutoring and community service activities.
 - b. A minor serving the University as an intern or volunteer, such as working in a laboratory with a researcher.
 - c. Human subject research involving minors approved by an Institutional Review Board (IRB).
 - d. Activities organized by recognized student organizations and clubs.
 - e. Pre-enrollment visitation by prospective students.
4. This Policy does not apply to:
- a. Events on campus open to the public, which minors might attend, such as fairs, festivals, entertainment events, sporting events, or other activities or programs that might attract individuals under 18 years of age but that do not involve the University's affirmative assent to supervise the minor directly.
 - b. Undergraduate and graduate academic programs in which individuals under the age of 18 have been accepted for enrollment at a University.
 - c. University-affiliated programs and activities that have requested and received an exemption from part or all of this policy.
 - d. Short-term visits of one day or less by school groups or other groups of minors in which the minors remain under supervision of non-University group leaders.
 - e. Minors employed by the University.
 - f. Inpatient or outpatient medical care provided to minors by the Sullivan Center or other University patient care settings.
 - g. Child Caring Institution licensed by the SC Department of Social Services
 - h. Approved Charter School in accordance with SC Code of Law 59-40-10 et. Seq.

Registration and Recordkeeping

1. Units operating programs or activities must register each program and activity with the Pre-collegiate Programs Office annually.
2. Registration must be completed 30 days prior to the start of the program or activity.
3. University-Affiliated Youth Programs and Activities must establish recordkeeping systems and retention schedules satisfying the Record Retention Schedule (251 -Clemson University Office of Pre-collegiate Programs, 16992 Program Participant Files).

Child Abuse and Neglect Reporting

- 1 In situations involving child abuse or neglect, whether known, threatened, or suspected, staff must follow the University's Reporting Child Abuse or Neglect Policy.
Investigations of allegations of child abuse or neglect will be conducted in accordance with the laws of the State of South Carolina, law enforcement, Department of Social Services and Clemson University.

Staff Screening

1. Approved Criminal Records Checks and National Sex Offender Registry Checks are required for faculty, staff, students and volunteers participating in University-affiliated programs and activities if the individual
 - a. May have custodial care of a minor,
 - b. May reasonably expect to have frequent interaction with minors in the course of his or her regular University responsibilities.
2. No individual subject to screening may begin interacting with minors until approved checks have been completed.
3. *Individuals subject to screening must self-disclose any criminal conviction or any arrest involving violent crimes against a person, crimes against children, sexual crimes, drug use or possession, weapons offenses, or animal abuse or neglect. This disclosure must be made within three (3) days of the*

conviction or arrest. If there has been a break in service of less than one (1) calendar year, then this disclosure must be made upon reentry to the program or activity.

Approved Criminal Records Check and National Sex Offender Registry check must be completed every four years to remain eligible to work in programs and activities with minors.

- 5 Individuals subject to screening who have had a break in service of more than one (1) calendar year. must complete a new Criminal Records Check and National Sex Offender Registry check.

The University Human Resources Office conducts the checks, evaluates the results, and maintains records of them.

The program or activity bears the cost of conducting checks.

University-affiliated programs and activities may perform checks more frequently and must do so if legally required.

This policy prevails over any less rigorous requirements in the Clemson University Background Check Policy.

Training

1. Units must ensure that all faculty, staff, students and volunteers working with minors are trained annually on the detection, prevention and reporting of child abuse and neglect.
2. All faculty, staff, students and volunteers working with minors will receive training through a Tiger Training module.
3. Training must be completed before interaction with minors begins.

Standards of Behavior

1. All faculty, staff, students and volunteers covered under this policy must sign and abide by the Standards of Behavior prior to working with minors, and annually thereafter.
2. The University prohibits one-on-one interactions between minor participants and adults, except in open, well-illuminated spaces or rooms readily observable by other adults working in the youth program or activity.
3. The University requires minimum staffing ratios of staff to minor participants as set forth in the Operating Standards.

Applicable Standards

- 1 All Clemson University youth programs or activities that undertake custodial care of minor participants must abide by the Clemson University Operating Standards for Youth Programs and Activities. All University-affiliated youth programs and activities must comply with state and federal laws and regulations on the health, safety and wellbeing of minors. National standards or industry practices may provide further guidance.
Operations that are American Camp Association Accredited are exempt from the CU Operating Standards of Youth Programs and Activities.
Proof of Accreditation must be submitted to the Pre-collegiate Programs Office annually.

Accountability

1. To promote compliance, administrative units including the Pre-collegiate Programs Office and the Office of Internal Audit may conduct site visits of any program or activity governed by this policy. Colleges, programs, activities and individuals must cooperate in site visits, as required.
2. Individuals violating this policy will be held accountable for their actions. The University may impose consequences, including but not limited to the following:
 - a. Programs may lose the right to operate under the auspices of Clemson University and may be barred from University property.
 - b. Faculty, staff and students are subject to relevant disciplinary sanctions.
 - c. Volunteers are subject to reprimand, loss of volunteer status or exclusion from University property.

Exemption Process

- 1 A program or activity may make an advance request for an exception to any requirement of this policy by submitting an Exemption Request form to the Director of the Pre-collegiate Programs Office no later than 8 weeks prior to the event taking place. The request should describe, among other factors, alternate safeguards such as enhanced supervision or compliance with state child welfare regulations. The Exemption Request Form will be reviewed by the Pre-collegiate Programs Office. Approval or denial will be communicated at least four weeks prior to the event.

Responsibilities

The following departments and units have responsibilities as outlined in the Protection of Minors in Youth Programs and Activities policy.

Office for the Protection of Minors responsibilities are as follows:

- Monitor compliance of the Protection of Minors in Youth Programs and Activities Policy and the Clemson University Operating Standards for Youth Programs and Activities.
- Provide strategic advice to the Minors Program Advisory Committee.
- Review/Revise University Operating Standards for Youth Programs and Activities to manage and mitigate risk.
- Promote compliance of programs and activities involving minors by serving as a resource to answer questions as needed.
- Provide appropriate training where applicable.
- Maintain an inventory of all university programs and activities for minors.
- Serve as a reporting mechanism for suspicious and improper activity.
- Conduct site visits to assess and verify compliance.

Minors Program Advisory Committee responsibilities are as follows:

- Periodically review the Clemson University Policies and Operating Standards for the protection of minors in university-affiliated programs and activities. Propose amendments to the policy.
- In consultation with the Pre-collegiate Programs Office, provide general oversight for University-affiliated youth programs and activities.

Office of Human Resources responsibilities are as follows:

- Conduct Background Checks and National Sex Offender Registry Checks in accordance with this policy.
- Process Self-Disclosure of Criminal Convictions Form in accordance with this policy.
- Perform Motor Vehicle Record Checks.

Office of Internal Audit responsibilities are as follows:

- Conduct program reviews, which may include site visits, to assess and verify compliance.

Purpose: To promote the safety of minors who participate in programs and activities that are affiliated with the University. This policy outlines the responsibilities of faculty, staff, students and volunteers who work with minors and reinforces the existing obligations of individuals under Clemson policy and South Carolina law to report known or suspected child abuse or neglect of minors.

Responsible Department/Division (Contact Person):

Gregory Linke, Director, Pre-collegiate Programs Office
pcpoffice@clemson.edu / (864) 656-5716

Approval Dates:

Executive Leadership Team: April 22, 2019

Reviewed/Revised Dates:

April 22, 2019

Published Location(s):

http://media.clemson.edu/humanres/policies_procedures/protection-of-minors-policy.pdf

Policy Title: Reporting Child Abuse or Neglect

Policy Statement: Clemson University is committed to providing a safe environment for all visitors. This commitment extends to minors who are participating in University-affiliated programs or interacting with more informally (e.g., visiting with a family member or as part of a school field trip).

I. Definitions

A. Minor: Minors are persons under 18 years of age.

B. Abuse or neglect: Physical or mental injury or acts or omissions which present a substantial risk of physical or mental injury. This includes, but is not limited to: sexual offenses as defined by South Carolina law; failure to supply the minor with adequate food, clothing or shelter; abandonment; and encouraging delinquent acts by the minor.

II. Responsibilities

All Clemson employees are responsible for being vigilant regarding the safety of minors. Any employee who, in the course of employment, receives information or observes conduct that gives that person reason to believe that a minor has been or may be abused or neglected, are expected to take the following steps **immediately**:

A. Call law enforcement.

1. If the child is in imminent danger, the employee must call 911.
2. If the child is not in imminent danger, the employee should contact local law enforcement where the child resides or is found.
 - a. If the child is on Clemson's main campus, the employee should contact the Clemson University Police Department at 864-656-2222.
 - b. If the child is elsewhere, the employee should contact local law enforcement for the city or county where the child resides or may be found.

B. After contacting law enforcement, the employee should notify a responsible supervisor at Clemson who has a legitimate reason to know about the report and who may need to take corrective or preventive action for the child's safety. For example, this may be a program director, a supervisor or a dean.

C. Employees may also contact the following University offices for additional support after contacting law enforcement:

1. Clemson's Pre-Collegiate Programs Office
2. Office of University Compliance
3. Office of General Counsel

III. Protections

Employees who make good-faith reports of suspected or known abuse or neglect to law enforcement are protected from adverse employment action. Further, South Carolina law allows the identity of any person who reports abuse or neglect to be kept confidential. South Carolina law also provides civil and criminal immunity for persons who make good-faith reports of abuse or neglect.

IV. Criminal Consequences

Additionally, South Carolina law defines certain professions to be “mandatory reporters.” These professions may be found under SC Code §63-7-310. Persons who are mandatory reporters but who fail to report good-faith concerns to law enforcement may face criminal consequences, including fines and imprisonment, pursuant to SC Code §63-7-410.

Purpose: South Carolina law sets forth mandatory reporting expectations for persons in certain professions that are more likely to receive information in their professional capacity giving him or her reason to believe that a child has been or may be abused or neglected. In addition, South Carolina law encourages reporting by all persons who are not otherwise mandatory reporters by offering important protections for persons who make good-faith reports. SC Code §63-7-310 et seq.

Responsible Department/Division (Contact Person):

Provost

Approval Dates:

Executive Leadership Team: December 17, 2018

Reviewed/Revised Dates:

Published Location(s):

http://media.clemson.edu/humanres/policies_procedures/Reporting_Child_Abuse_or_Neglect_Policy.pdf

Quick Guide to PcPO *for clubs*

(Pre-collegiate Programs Office)



Below are the Clemson University requirements for any program that assumes custodial care (temporary supervision of youth for the purpose of youth engaging in 4-H program) of youth (under the age of 18 who is not enrolled or accepted for enrollment at a university).

ALL 4-H Programs and Events must be registered with PcPO Office annually.

Screening - of certified volunteers:

For a **new** certified volunteer:

- Complete Volunteer Application
- Submit Background & National Sex Offender Registry checks
- Sign Standards of Behavior online yearly
- Driver's License Check (for individuals transporting youth)
- Check 2 references

For a **current** certified volunteer:

- Complete Disclosure Statement year 2 & 3 and submit new background check on year 4
- Driver's License Check (only for individuals transporting youth)
- Check National Sex Offender Registry annually (triggered automatically with disclosure statement or background check)

Training

- County Orientation
- Complete online training, Detection Prevention and Reporting of Child Abuse and Neglect through Tiger Training annually
- Emergency Procedures
- Basic Child Development & Positive Discipline of Children
- Defensive Driver (only for individuals transporting youth) – good for 3 years
- First-Aid/CPR Certification (one person per club) – (CPR good for 2 years, First-aid good for 4 years)
- Club Charter – apply annually

Ratios

- Club Leader must be 21 years of age
- Volunteers must be at least 18 years of age and 2 years older than youth serving
- The required ratios for day programs is as follows. **Must have a minimum of 2 program staff or volunteers at all programs:**
 - 5 or under 1:6
 - 6-7 years 1:8
 - 8-17 years 1:10

Transportation

- Drivers must be 18 years of age
- **NO** 12- or 15-passenger vans to be used to transport youth.
- If driving on behalf of Clemson, must take Driver Improvement Program
- Must show proof of vehicle insurance – for the vehicle being used to transport
- Must have a First-Aid Kit
- Vehicle occupancy determined by the number of functional seatbelts.

Insurance

- Work with your 4-H Agent to make sure your 4-H club is covered by insurance via Risk Management Insurance through Clemson University

Medical

- Individual with First Aid/CPR certification at the Club Meeting
- First Aid Kit present
- Incident Accident Report Form / Treatment Log / Administer Medication Log
- Club Insurance Form on hand

Membership Form - components of the 4-H Youth Membership Form

- Release of Liability
- Photo Release
- Medical History
- Be familiar with the allergies your members have.
- Participant Release Form
- Permission to Treat
- Code of Conduct
- Medical statement for summer residential camps

Policy for Releasing Members

- Must have a policy for releasing members at the conclusion of club activities.
- Have a form available for updates to specific events.

Emergency Procedures

- Club should have policy concerning various emergencies so parents know what to expect.

Special Reminders

- If conducting a foods program, knife safety video should be shown to youth.

South Carolina 4-H Forms

On the following pages are standard South Carolina 4-H Forms (with the associated number of pages the form has).

Volunteer Forms:

- Volunteer Application* (4)
- Background Check (2)
- Disclosure Statement (1)
- DMV Driver's License Check (1)

Youth 4-H Membership Forms:

- Youth Membership Form* (5)
- Group Enrollment Form (1)

Other Forms:

- Sample 4-H Club Permission Form & Liability Release (1)
- 4-H Horse Program Assumption of Risk & Liability Release (1)
- 4-H Horse Program Safety Equipment Policy (1)
- Insurance Information (4)
- Sign-in/Sign-out form (1)
- Pick-up Authorization Form (1)
- Treatment Form (1)
- Medicine Log (1)

*These forms contain the information required for 4HOnline enrollment. All adult volunteers and youth must complete online enrollment. Ask your local Extension office for assistance if needed.

South Carolina 4-H Volunteer Application

GENERAL INFORMATION

Last Name	First Name	M.I.	Name You Prefer
Mailing Address			How long at this Address?
City	State	Zip	County
If less than a year, previous address			How long have you resided in the county?
City	State	Zip	Email Address
Daytime Phone	Evening Phone	Best Time to Call	

4-H EXPERIENCE

Are you a 4-H Alumna?	If yes, where?	If yes, what year(s) were you a 4-H'er?
<input type="checkbox"/> Yes <input type="checkbox"/> No	City _____ State _____	
Have you ever been a 4-H volunteer?	If yes, where?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	City _____ County _____ State _____	
Why are you interested in a 4-H Volunteer position?		
What time commitments are you considering?	Have you ever worked with youth before? Please explain briefly.	
_____ hrs./ week _____ hrs./month	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____	

DEMOGRAPHIC DATA

<input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic Ethnicity: (check one): <input type="checkbox"/> Yes-Hispanic or Latino <input type="checkbox"/> No-Not Hispanic or Latino
Racial Groups: (check all that apply):	
<input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Native American or Other Pacific Islander	<input type="checkbox"/> Asian



The Clemson University Cooperative Extension Service offers its programs to people of all ages regardless of race, color, sex, religion, national origin, disability, political beliefs, sexual orientation, marital or family status and is an equal opportunity employer. Clemson University Cooperating with U.S. Department of Agriculture, South Carolina Counties, Extension Service, Clemson, S.C. Issued in Furtherance of Cooperative Extension Work in Agriculture and Home Economics, Acts of May 8 and June 30, 1914. Public Service Activities

EMERGENCY CONTACT

Name _____	Phone: _____
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PHOTO/ MEDIA RELEASE

I give my permission for staff of SC Cooperative Extension, SC 4-H, and/or _____ County Extension to take photographs, record video, or audio of me or my property for use in promotional, and /or marketing materials. Neither individual address nor phone numbers will be published within these materials.

☐

Yes

☐

No

Signature _____ Date _____

PROJECTS OR CLUBS OF INTEREST AS A VOLUNTEER

1. _____	2. _____	3. _____
----------	----------	----------

TRANSPORTATION

Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers license number and state DL# _____ State _____	Date of Expiration ____/____/____
Have you ever received a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain. _____		Have you taken Defensive Driving? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, on what date? ____/____/____

I understand that I am covered under the State Tort Claims Act for tortious acts committed by me unless my conduct is outside the scope of official duties or the conduct constitutes actual fraud, actual malice, intent to harm or a crime involving more turpitude. I further understand that in operating my privately owned vehicle in support of Extension activities Clemson's automobile insurance coverage is in excess of any coverage which I have on my vehicle and my personal coverage is the primary coverage.

I understand further that I am not an employee of Clemson University; consequently I am not covered under any workmen's compensation coverage of Clemson nor does Clemson provide any medical insurance.

Signature of 4-H Volunteer _____ Date _____

VOLUNTEER CODE OF CONDUCT

I accept responsibility to represent 4-H with dignity and pride conducting myself as a positive role model for program participants. Just as it is a privilege for the 4-H to work with individuals who volunteer their time and energies to youth, a volunteer's involvement in 4-H programming is a privilege and a responsibility, not a right. To ensure the safety and well-being of all 4-H program participants, Clemson University 4-H volunteers will:

- ✓ Will adhere to the *Standards of Behavior for Employees and Volunteers Working in Programs with Non-Student Minors* form.
- ✓ Uphold an individual's right to dignity, self-development, and self-direction.
- ✓ Accept supervision and support from professional staff while involved in the program.
- ✓ Participate in required training programs and use the required policies and procedures.
- ✓ Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship and provide positive role models for all youths.
- ✓ Respect, adhere to, and enforce the rules, policies, and guidelines established by 4-H.
- ✓ Refrain from the use of inappropriate language while serving in the capacity of a 4-H volunteer.
- ✓ Comply with equal opportunity and anti-discrimination laws.
- ✓ Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.
- ✓ Preserve the confidentiality of information about program participants.
- ✓ Refrain from using 4-H volunteer status for personal or business financial gain.

I have read and understand the Code of Conduct outlined above. I understand and agree that any action on my part that contradicts any portion of this Code of Conduct is grounds for the suspension and/or termination of my volunteer status with Clemson University 4-H.

Signature of 4-H Volunteer _____ Date _____

REFERENCES

Please list two persons, not related to you, who have knowledge of your qualifications and have known you for at least two years. Please provide complete addresses and phone numbers.

Name	Address, City, State, Zip	Date Completed
<i>Telephone</i> Day _____ Evening _____	Email Address	Relationship
Name	Address, City, State, Zip	Date Completed
<i>Telephone</i> Day _____ Evening _____	Email Address	Relationship

I authorize contacting the listed references, previous employers, and volunteer organizations. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies of Clemson University Cooperative Extension and the SC 4-H Program and to fulfill my responsibilities to the best of my abilities. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Signature of 4-H Volunteer _____ Date _____

<u>Office Use For Only</u>	
Date of reference checks: _____	
Name of person conducting the checks: _____	
If unsatisfactory, please explain: _____ _____	
This includes the Background Check and the National Sex Offender Registry Check completed by Clemson University	
This Background Check was: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

Record of Trainings:

Mandatory—(annually)	Trainer/Delivery Mode	Date of Training
Detection Prevention Reporting of Child Abuse	Online through PcPO only	
Mandatory—(1 time only)		
South Carolina 4-H - Introduction		
Overview of Positive Youth Development		
Additional	Trainer/Delivery Mode	Training Date Exp. Date
First Aid Training (good for 4 yrs.)		
CPR Training (good for 2 yrs.)		
Driver Improvement Program* (good for 3 yrs.)		
DMV Driver License Screening* (good for 1 yr.)		

Copy of proof of vehicle insurance* on file: yes ☐

*All driving-related trainings and screenings are required for volunteers transporting youth. The volunteers/ parents must have a driver's license check and completed a South Carolina Driver Improvement Program.

The following information is required to complete the background investigation (please print):

FIRST NAME	MIDDLE NAME	LAST NAME	
OTHER NAMES USED (INCLUDING MAIDEN NAME)			
SOCIAL SECURITY NUMBER ____ - ____ - ____	DATE OF BIRTH (MM/DD/YYYY) ____ / ____ / ____	GENDER	RACE
INFORMATION FOR MOTOR VEHICLE RECORD CHECK (IF REQUIRED) – ATTACH COPY OF DRIVER'S LICENSE:	DRIVER'S LICENSE NUMBER	STATE LICENSED IN	EXPIRATION DATE (MM/DD/YYYY) ____ / ____ / ____

CURRENT AND PREVIOUS ADDRESSES (WHERE YOU HAVE RESIDED FOR TWO CONSECUTIVE YEARS)

CURRENT STREET ADDRESS (NO P.O. BOXES)	CITY	STATE	ZIP CODE _____
PREVIOUS STREET ADDRESS (NO P.O. BOXES)	CITY	STATE	ZIP CODE _____
PREVIOUS STREET ADDRESS (NO P.O. BOXES)	CITY	STATE	ZIP CODE _____

Have you ever been convicted of a misdemeanor or felony crime?

Please check one: ☐ No ☐ Yes

(A criminal conviction does not necessarily disqualify an applicant for employment consideration. Making untrue statements or otherwise failing to report criminal conviction(s) will disqualify an applicant for consideration of this position for falsification of an application.)

If Yes, list the date, location (county and state), and offense for all misdemeanor and felony convictions regardless of how minor or how long ago they occurred. Attach additional pages if needed.

DATE OF CONVICTION ____ / ____ / ____	LOCATION (COUNTY/STATE)	OFFENSE
DATE OF CONVICTION ____ / ____ / ____	LOCATION (COUNTY/STATE)	OFFENSE
DATE OF CONVICTION ____ / ____ / ____	LOCATION (COUNTY/STATE)	OFFENSE

SIGNATURE:

DATE: ____ / ____ / ____

If under the age of 18, parent/guardian signature required:

SIGNATURE – PARENT/GUARDIAN	PRINT NAME – PARENT/GUARDIAN	DATE OF BIRTH (MM/DD/YYYY) ____ / ____ / ____
-----------------------------	------------------------------	--

TO BE COMPLETED BY DEPARTMENT CONTACT – THIS PERSON WILL BE NOTIFIED OF RESULTS

NAME	DEPARTMENT NAME	EMAIL ADDRESS		
ACCOUNT NUMBER	DEPARTMENT # _____	POSITION # _____	JOB OPENING # _____	
EMPLOYEE STATUS: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Intermittent			ADDITIONAL OPTIONS <input type="checkbox"/> Motor Vehicle Record Check	

Clemson University Disclosure Statement

This form should be completed by all current paid and volunteer staff with independent, unsupervised access to children in a CU youth program and all returning volunteers from a break in volunteer time of 90 days or less. A background check should be completed on individuals with any break in employment or a break in volunteer time greater than 90 days (as well as all new employees/volunteers).

Name: _____

I am a: ☐ volunteer ☐ employee in: _____
Department Name/CU Youth Program Name

Last date volunteered (if break in volunteer time was 90 days or less): _____

1. Since I began working or volunteering for Clemson University, I have been charged with committing the following crimes (include all misdemeanor and felony charges, the name and location of the entity that charged you, and the date of each charge):

2. Since I began working or volunteering for Clemson University, I have been convicted of the following crimes (include all misdemeanor and felony convictions, the name and location of the entity that convicted you, and the date of each conviction):

3. Since I began working or volunteering for Clemson University, I have had the following moving traffic violations (e.g., speeding tickets, accidents, DUI, etc.) (*Optional, unless you will be transporting children on behalf of the CU Youth Program. Please indicate "N/A" if you are not transporting, and "None" if you are but have not had any moving traffic violations since working or volunteering*):

4. If you would like to provide any explanation or further information regarding your response to items 1, 2, and 3 above, please do so below or indicate if further information is being attached:

(If you have not been charged with or convicted of any crimes since the date noted above, please indicate "none" in the appropriate blanks under questions 1 and 2 above.)

I certify that the foregoing information I have provided is true and correct. I hereby authorize Clemson University to complete a National Sex Offender Registry check on the name provided above. I understand that if information from this check is used in whole or in part in making an adverse decision, before an adverse decision is made, I will be provided a copy of the results and a description of my rights.

Signature

Date

TO BE COMPLETED BY DEPARTMENT/PROGRAM CONTACT – THIS PERSON WILL BE NOTIFIED OF RESULTS



Office of Human Resources Consent Form – Motor Vehicle Check

PART 1: Department Contact Information

Name	Department Name	Email Address	Phone Number

PART 2: Position Information

Department/Position Number: _____ / _____

Employee Status: ☐ permanent ☐ temporary ☐ student

Funding Source (Check One): ☐ E&G ☐ Other

Account Number: _____

PART 3: License Information – Copy of License Must Be Attached

First Name	Middle Initial	Last Name
Driver's License Number	State Licensed In	Expiration Date
Social Security Number	Date of Birth	

PART 4: Authorization

I hereby authorize Clemson University Office of Human Resources and/or its agents to make an independent investigation of my driving record for the purpose of confirming the information contained on this form. I release Clemson University and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources. I hereby certify that all information I have provided on this form is true and complete to the best of my knowledge and belief. If hired, I understand the university may terminate me if false or misleading information is given in order to meet the requirements for the position involved.

SIGNATURE: _____

DATE: _____

Send by File Drop to Will Pope <http://filedrop.clemson.edu/dropbox> (Clemson University service for secure emails.)

ALL elements of this form must be completed by youth participating in clubs, field trips, events requiring group transportation, overnight activities and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the adults (paid 4-H staff and/or registered 4-H volunteer leaders) responsible for the youth participants. **Be sure to complete all applicable parts and sign where requested. Please PRINT.**

1) INFORMATION ABOUT THE PARTICIPANT AND ACTIVITY

Name _____ Age as of Jan. 1, 2019 _____ Date of Birth _____

Address _____ County _____

City _____ State _____ Zip Code _____

Telephone () _____ Youth Cell Phone () _____

Gender _____ Grade _____ School _____

Race (Circle all the races that apply to you): White African American American Indian Pacific Islander Asian

Hispanic: Yes _____ No _____ Youth E-mail Address _____

Father's Name/Guardian _____ Phone: Home () () _____ Cell () _____

Mother's Name/Guardian _____ Phone: Home () () _____ Cell () _____

E-mail: Father's E-mail () _____
Or Mother's E-mail () _____

Residency: _____ Farm _____ Rural/Town less than 10,000 _____ Town/City 10,000 to 50,000 _____ Suburb of city _____ Central City over 50,000

Military Family (check all that apply):

_____ Active Army _____ Army Guard _____ Army Reserve _____ Active Air Force
_____ Air Guard _____ Air Force Reserve _____ Active Navy _____ Naval Reserve
_____ Active Marine Corp _____ Marine Corp Reserve _____ Active Coast Guard _____ Coast Guard Reserve

4-H Programs Plan to participate in.

4-H Clubs _____

4-H Camps _____

4-H Projects _____

4-H Activities _____

Circle One

T-Shirt Size: **YS YM YL AS AM AL AxL 2xL 3XL** (if need different size, County please contact state office)

Membership Dues Paid? Y / N Online/Cash/Check # _____ Date _____ Amount _____

Name that Paid _____ Shirt Ordered Date _____ Received Shirt Date _____

4-H is the youth development program of the Cooperative Extension Service, a nationwide partnership of federal, state and county governments, and the private sector. Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, gender, religion, national origin, disability, political beliefs, sexual orientation, gender identity, marital or family status and is an equal opportunity employer.

2) PERMISSION FORMS

➤ ➤ CLEMSON UNIVERSITY PARENTAL RELEASE OF LIABILITY FOR PROGRAMS

In consideration for my child being allowed to participate in this CAMP/PROGRAM/PROJECT/CLUB, I the undersigned, acknowledge, appreciate and agree that:

1. This CAMP/PROGRAM/PROJECT/CLUB affords my child the opportunity to participate in activities, including, but not limited to recreation, cooking, science experiments, hands-on activities, interaction with animals and other people, etc. There are inherent risks and I choose to voluntarily allow my child to participate in this CAMP/PROGRAM/PROJECT/CLUB. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.
2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this CAMP/PROGRAM/PROJECT/CLUB. I agree to pay for any medical costs that exceed the limits of my insurance coverage.
3. I understand that activities for this CAMP/PROGRAM/PROJECT/CLUB may be physically strenuous and I know of no medical reason why my child should not participate.
4. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in this CAMP/PROGRAM/PROJECT/CLUB, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this CAMP/PROGRAM/PROJECT/CLUB. **(one must be checked):**

☐ Yes / Approve ☐ No / Does not Approve

➤ ➤ PHOTOGRAPHY CONSENT FOR MINORS

I hereby grant permission to Clemson University, its employees or representatives, to take and use: photographs, videotape and/or digital images of **my child** for use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations, websites. I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Clemson University. **(one must be checked):**

☐ My child's picture may be taken ☐ My child's picture may **NOT** be taken

If you approve that your child's picture may be taken, I agree that my child's name and identity. **(one must be checked):**

☐ May be revealed ☐ May **NOT** be revealed

➤ ➤ PERMISSION TO TRANSPORT

My child has my permission to be transported to and/or from one Extension program site to another program site with the understanding that they will be driven by Clemson Extension Agents or certified volunteers that have been approved to drive state vehicles and/or have certification to transport youth. **(one must be checked):**

☐ Yes / Approve ☐ No / Does not Approve

I have read the above Permissions and I hereby agree to the above releases as indicated.

Signature of Parent and/or Guardian _____ Date _____

3) SOUTH CAROLINA 4-H BEHAVIOR AGREEMENT

The 4-H Code of Conduct outlined below is in effect for all youth activities involving Clemson University Cooperative Extension Service and the 4-H Youth Development Program. It applies to all participants in 4-H activities, with participants defined as 4-H members of any age or grade, all other registered youth and adults, and all other individuals who take part and/or attend 4-H events.

Consequences of violation of the Behavior Agreement will follow county or state guidelines. Participants who fail to adhere to the 4-H Code of Conduct may be subject to a range of disciplinary actions. Immediate corrective action will be taken to ensure the safety and welfare of all participants at the event. Additional disciplinary action may be taken upon further investigation of the infraction or incident. Participants in county events shall be subject to policies developed at the county level. Participants in state and national events shall be subject to the policy and process outlined below.

If an individual continually disrupts the group or engages in illegal behavior, he or she will be given an opportunity to discuss the problem with the chaperones before more drastic action is taken. If, after discussion, the behavior continues or, in the opinion of the chaperones, it would be detrimental for the individual to continue with the group, he or she will be sent home **at the participant's expense. Also, participants/parents will be financially responsible for any damage caused by the participant.**

4-H Code of Conduct

1. The health, safety, and welfare of others must be respected at all times.
2. Appropriate language and behavior are expected at all times. Profanity, foul or abusive language, inflammatory statements, derogatory comments, or physical altercations toward any group or individual are not permitted.
3. Participants are expected to be present and participate at all scheduled program activities. Participants are required to wear nametags when dispensed.
4. No Violence, including sexual abuse or harassment, will be tolerated.
5. All participants are expected to be on the site of the event at all times and to participate in assigned activities. Unauthorized use of vehicles during an event is prohibited.
6. Participants are responsible for following the instructions of all 4-H staff and volunteers
7. All behavior or language of a sexual nature at 4-H events is inappropriate and unacceptable. Dignified and respectable behavior is expected at all times.
8. Curfew hours must be strictly followed. Boys are not to go into girls' rooms and girls are not to go into boys' rooms.
9. Behavior during unscheduled free time is subject to the supervision of 4-H staff and chaperones.
10. Dress code standards previously set for the event must be met by all participants (i.e. no sexually suggestive, culturally insensitive, tobacco or alcohol industry sponsored shirts, inappropriately cut shirts, shorts, pants or skirts, etc.).
11. Possession, distribution, or use of alcoholic beverages or illegal drugs is prohibited. Prescription drugs and over-the-counter medications may be dispensed by adult chaperones only with written authorization provided by the parent/guardian on the 4-H Membership/Event Permission Form for youth on file for the event.
12. With the concern for the well-being of self and others, smoking and the use of other tobacco products is prohibited.
13. Care and respect for property, personal and institutional, is expected at all times. Theft, possession of missing property or damage to property is prohibited.
14. Inappropriate use (utilizing during programming) of cell phones or other electronic devices. Cell phones, cameras, imaging and digital devices are prohibited in showers, restrooms, or other areas where minors expect privacy.
15. The operation of motor vehicles by minors is prohibited while attending and participating in a program or activity.
16. Hazing of any kind is prohibited. Bullying including verbal, physical and cyber bullying are prohibited.
17. Unauthorized possession, distribution or use of weapons, ammunition or fireworks is prohibited.
18. Honesty is expected at all times from 4-H members. Dishonesty, cheating, plagiarism and forgery are inappropriate actions.

Signature of participant (youth): _____ Date: _____

I have discussed this information with my son/daughter and I understand and agree to the conditions set forth. I accept the cost and responsibility of having my son/daughter returned in the event it is necessary.

Signature of parent/guardian: _____ Date: _____

Participants Name _____

4) PICK-UP AUTHORIZATION FORM. Start Date(s): **Sept 1, 2019** End Date(s) **August 31, 2020**

This form must be completed in full, signed by a parent or guardian, and submitted PRIOR to pick-up on the first day of the program or activity.

1. Parent / Legal Guardian First _____ Last _____

Address _____ Primary Phone _____

Secondary Phone _____ Email Address _____

2. Parent / Legal Guardian (Optional) First _____ Last _____

Address _____ Primary Phone _____

Secondary Phone _____ Email Address _____

3. PERSONS AUTHORIZED TO PICK-UP CHILD

In addition to the parent/guardian(s) listed above, please list the names of any possible persons authorized to pick up the above referenced child. Use the other side of this form to add additional names. Please note: Photo ID's must be presented at the time of pick up.

First Name	Last Name	Relationship to Child	Phone Number
------------	-----------	-----------------------	--------------

First Name	Last Name	Relationship to Child	Phone Number
------------	-----------	-----------------------	--------------

First Name	Last Name	Relationship to Child	Phone Number
------------	-----------	-----------------------	--------------

4. AUTHORIZATION FOR SELF-CHECKOUT

Program participants will only be released at the scheduled program ending times, or times designated to the program by the parent/legal guardian. Please select from the check-out options listed below.

- ☐ I do not grant my child permission to self-checkout from this program/activity. Only the individuals listed above are authorized to pick-up and sign-out my child.
- ☐ I will not be escorting my child to and/or from the program and grant my child permission to travel to and/or from the program and check-out independently at the conclusion of the program.

Parent / Legal Guardian Name _____

Signature of Youth _____ Date _____

5) EMERGENCY INFORMATION -

Instructions: Please provide health information for determining appropriate supervision, support and accommodations for the 4-H activities or events listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. Please print all information.

➤ **Parent/Guardian Identification**

Who has primary custody of participant? () Mother () Father () Both () Other _____

Family Physician _____ Phone (____) _____

Dentist _____ Phone (____) _____

Do you carry family medical/hospital insurance? (Check one) YES _____ NO _____

Carrier _____ Policy/Group # _____

Name on Policy _____

➤ **Emergency Contact Information.** If you cannot be reached in case of an emergency, whom should we notify?

Name _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____

6) PERMISSION TO ADMINISTER MEDICATION (if applicable) Participant's Name _____

Is the child taking any medication? **YES** **NO** If **YES**, name of Medication(s) _____

(send only what will be needed at program – include directions for use of all Medication. Please write on a 3x5 card and put in zip lock bag with medications).

- I hereby give permission for 4-H Program to administer over-the-counter medications if the first aid coordinator deems it necessary. Dosages will be administered according to directions on the package unless a physician directs otherwise.
- Do **Not** administer the following non-prescription medication: _____

PARENT AUTHORIZATION & PERMISSION TO TREAT

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician. I hereby give permission to the medical personnel selected by the Clemson Un. Extension Service and 4-H Youth Development Program to provide routine health care: to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the 4-H Youth Development Personnel to secure and administer treatment, including hospitalization, for the person named above.

***Parent/Guardian Signature _____ Date _____

7) PARTICIPANT HEALTH & MEDICAL HISTORY. (Questions 1-6 in this section, **MUST** be completed)

1. Does the participant have any known allergies? (Including food, medicine, plants, animals, insects, etc.)
YES **NO** If **YES**, please explain: _____
2. Is the participant experiencing or has he/she ever experienced (or had special needs in) any of the following? (*Check all that apply.*)
None _____
Asthma _____ Bleeding Disorder _____ Attention Disorders (ADD/ADHD) _____ Eating Disorders _____ Heart Condition _____ Headaches _____
Diabetes _____ Seizures/Convulsions _____ Wears Contacts/Glasses _____ Fainting Spells _____ Skin Problems _____ Bed Wetting _____
Sleep Disorder _____ Emotional Difficulties _____ Other _____
Please describe/explain any condition you checked: _____
3. Has the participant undergone surgery or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?
YES **NO** If **YES**, please explain: _____
4. Does the participant require special diet? (including vegetarian, dietary restrictions, dietary allergies, lactose or gluten intolerant, etc.)
YES **NO** If **YES**, please explain: _____
5. Is there any necessary, additional information staff should know (including mental, emotional, social, behavioral, or physical disabilities, medication instructions, and/or special restrictions) to provide appropriate supervision, support and accommodations for the participant?
YES **NO** If **YES**, please explain: _____
6. Are the Immunizations up-to-date for the Participant? **YES** **NO**
If **NO**, please explain _____
Most recent date of Tetanus or Tetanus booster _____ (mo/year)

Please include copy of latest shot record.

This section will need to be completed when attending a summer residential camp or other program which requires it.

Participants Name _____

8) MEDICAL EXAMINATION *(required for aerobic exertion activities & activities with elevated risk)*

*To be completed and signed by licensed medical personnel. A physical completed by Licensed Medical Personnel **within 24 months of the start date** of the youth program may be substituted for this section.

Allergies: Any known allergies: ☐ None

The applicant is under the care of a physician for the following conditions: ☐ None

Limitations or restriction on program activities: ☐ None

Other treatments/therapies to be continued at camp/program (describe below) ☐ None needed

Additional information for program personnel: ☐ None

In my opinion, the applicant is able to participate in active programs.

Date of Examination _____

Signature of Licensed Medical Personnel _____

Print Name _____ Title _____

Address _____

_____ Telephone _____

This form is to be used to register all youth participating in a group which is not a 4-H club. The following information about my class/group is submitted in support of my request for 4-H educational materials/programming. I will inform the boys and girls they are participating in a Clemson Cooperative Extension 4-H program. After 4-H activity is completed, please complete and return the form. Mail or scan and email the form to your County Extension Office.

Please check one:	<input type="checkbox"/> School Enrichment	<input type="checkbox"/> Afterschool program	<input type="checkbox"/> Special Interest/Short Term Program
	<input type="checkbox"/> Camping Program	<input type="checkbox"/> Instructional TV/Video	<input type="checkbox"/> Other (Specify) _____

Name of Program: _____ Date: _____

Leader/Presenter: _____

Location: _____
(address, city & zip code)

Location Contact: _____ County: _____

Contact Info: _____

Project or Curriculum Used: _____ No. of Hrs: _____

How Many:	How many of this group are current 4-H participants? (Duplicates)	Number of Adult Volunteers _____
Males _____ Females _____ Total _____	Males _____ Females _____	Number of Youth Volunteers _____

Please be sure to remove current 4-H participants (duplicates) from each of the following:

Where do the participants live?	Farm	Rural <10K	Town 10-50K	Suburb of City	City 50K+

Grades	K	1	2	3	4	5	6	7	8	9	10	11	12	Post HS	Spec	Not in school

Please estimate the ethnic and racial distribution of the participants:

Fill in the appropriate numbers. <i>Ethnicity is separate from race.</i> You should indicate an ethnicity category for each participant and all racial categories that apply to each participant (i.e. a participant of more than one race would be recorded in each applicable racial category). Ideally, your total participants should equal the total numbers in your ethnicity section. Totals of racial categories will be equal to or greater than your total participants if they all report racial information.	Race	Participants		Volunteers	
		Ethnicity		Ethnicity	
		Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino	Not Hispanic or Latino
	White				
	Black or African American				
	American Indian/Alaskan Native				
	Asian				
	Native Hawaiian or Pacific Islander				
	Indicating more than one race				
	Total				

SAMPLE

CLEMSON UNIVERSITY PARENTAL PERMISSION FORM AND RELEASE OF LIABILITY FOR 4-H CLUBS

I, _____, am the parent and/or legal guardian of _____, a minor child under the age of 18 years. I would like to have my child participate in the _____ 4-H Club in _____ County which will take place on _____ (insert dates here)_____.

In consideration for my child being allowed to participate in this 4-H Club /4-H Programs, I the undersigned, acknowledge, appreciate and agree that:

5. The 4-H Club/Programs affords my child the opportunity to participate in activities, including, but not limited to: recreation, cooking, science experiments, hands on activities. There are inherent risks involved with these activities, including but not limited to basic sprains, minor burn or cuts, bruise, or minor injuries. I choose to voluntarily allow my child to participate in this CAMP/PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.
6. I certify that I have adequate resources necessary (e.g., health insurance, etc.) to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this CAMP/PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage.
7. I understand that this 4-H Club/ Activities includes physical activity and I know of no medical reason why my child should not participate. *[Include this paragraph only if appropriate]*
8. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in this CAMP/PROGRAM, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this CAMP/PROGRAM.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Signature of Parent and/or Legal Guardian

Date

Clemson University: State 4-H Horse Program Assumption of Risk and Release from Liability

Parent/Legal Guardian Name: _____
Child Participant/Rider Name: _____

I acknowledge and agree that I am the parent or legal guardian of the minor child identified above. I would like my child to participate in the following South Carolina State 4-H Horse Program (hereinafter ACTIVITY): _____ which is sponsored/organized by the _____ 4-H _____ and will take place on the following date(s) _____.

In consideration for my child being allowed to participate in this ACTIVITY, I the undersigned, acknowledge, appreciate and agree that:

1. I have an accident and health insurance policy that will provide coverage for any injury or illness that may occur during my child's participation in this ACTIVITY. I understand that I am responsible for any and all costs relating to medical treatment or care of injuries or illness that my child may suffer as a result of, or while participating in, the ACTIVITY.
2. I understand that this ACTIVITY is physically strenuous and I know of no medical reason why my child should not participate.
3. I agree that my child will comply with the South Carolina State 4-H policy on Headgear Safety Equipment which is attached.
4. Equine activity, is an inherently dangerous activity, because of but not limited to: the propensity of the equine to behave in ways that may result in injury, harm or death to people or other equine; the unpredictability of an equine's reaction to sound, sudden movement, an unfamiliar object, a person or another animal; certain hazards such as surface and subsurface conditions; and collisions with other equine or objects; the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within the participant's ability. **KNOWING AND UNDERSTANDING THESE RISKS, I HEREBY RELEASE AND HOLD HARMLESS CLEMSON UNIVERSITY, THE SC 4-H HORSE PROGRAM, THE SC 4-H COOPERATIVE EXTENSION SYSTEM, 4-H CLUBS AND ALL OF THEIR TRUSTEES, EMPLOYEES, STUDENTS AND VOLUNTEERS FROM ANY AND ALL CLAIMS, DEMANDS, SUITS OR CAUSES OF ACTION FOR DAMAGES SUFFERED AS A RESULT OF AN INJURY, INCLUDING DEATH, OR PROPERTY DAMAGE INCURRED BY MY CHILD WHILE SAID CHILD IS PARTICIPATING IN THE ABOVE REFERENCED ACTIVITY.**
5. I also agree to indemnify and hold harmless Clemson University, the SC 4-H Horse Program, the 4-H Cooperative Extension System and 4-H Clubs for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this ACTIVITY.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT ON BEHALF OF MY CHILD.

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE

South Carolina State 4-H Policy on Headgear Safety Equipment

The South Carolina Cooperative Extension Service 4-H Horse Program (4-H Program) requires that all **riders** wear protective headgear that meets or surpasses current applicable ASTM (American Society for Testing and Materials/SEI (Safety Equipment Institute) standards while **riding** in all 4-H Horse Program sponsored events and activities, including events and activities offered at the County, District or State level. The headgear must be properly fitted, properly worn on the top of the head, and worn with the strap or harness securely fastened. Events and activities covered by this policy include but are not limited to State 4-H Horse Show, 4-H Horsemanship Camp, District 4-H Horse Shows and Southern Regional 4-H Horse Championship. The term “riding” as used in this policy refers to the mounting, riding or driving of a horse or pony in any 4-H sponsored event or activity. The term “rider” refers to a person engaged in riding.

It is the responsibility of the rider, and the parent or guardian of the rider, to confirm that the headgear worn by the rider complies with the safety standards set forth above; is properly fitted, fastened and work; and is in sufficiently good condition that it would protect the rider in the event of an accident. The 4-H Program and the show committees, officials, judges, extension personnel and volunteers associated with the 4-H Program are not responsible for providing headgear and are not responsible for checking headgear worn by riders in order to comply with this rule.

Any rider found to be riding in violation of this policy by 4-H Horse Program employees or volunteers will be immediately prohibited from further riding, and shall be barred or disqualified from the event or activity in which the rider is engaged at the time of the violation.

The 4-H Horse Program makes no representation or warranty, expressed or implied, concerning the headgear worn by any rider during a 4-H Program sponsored event or activity. In particular, the 4-H Program makes no representation or warranty concerning the safety performance of any headgear worn by any rider. The 4-H Program cautions riders and their parents and legal guardians that death or serious injury may occur despite wearing safety headgear as all equestrian sports involve inherent dangerous risk. No headgear can protect against all possible injuries.

Claim Serial Number (for office use only)



First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501

ACCIDENT CLAIM FORM

PARENT/GUARDIAN TO COMPLETE

ALL INFORMATION MUST BE COMPLETE OR CLAIM CANNOT BE PROCESSED

Parent's Full Name (please print) _____ Exact Date of Accident _____
Student's Social Security Number _____ Student's Date of Birth _____

Please note that the Injured Person's Social Security Number **MUST** be provided as required by the Center for Medicare Services pursuant to Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007.

FATHER

Father's Full Name _____
Home Address _____
City _____ State _____ Zip _____
Home Phone (_____) _____
Employer Name _____ Title _____
Employer Address _____
City _____ State _____ Zip _____
Self Employed? ☐ YES ☐ NO

PLEASE COMPLETE THE FOLLOWING SECTION EVEN IF NO BENEFITS ARE PROVIDED:

Do you have insurance? ☐ YES ☐ NO Is this student covered? ☐ YES ☐ NO

Name of Insurance Plan _____

Social Security Number _____

Phone Number (_____) _____ Group Number _____

If you are employed, but your dependent is not covered under your employer's plan, a letter to this effect from your employer is required.

MOTHER

Mother's Full Name _____
Home Address _____
City _____ State _____ Zip _____
Home Phone (_____) _____
Employer Name _____ Title _____
Employer Address _____
City _____ State _____ Zip _____
Self Employed? ☐ YES ☐ NO

PLEASE COMPLETE THE FOLLOWING SECTION EVEN IF NO BENEFITS ARE PROVIDED:

Do you have insurance? ☐ YES ☐ NO Is this student covered? ☐ YES ☐ NO

Name of Insurance Plan _____

Social Security Number _____

Phone Number (_____) _____ Group Number _____

If you are employed, but your dependent is not covered under your employer's plan, a letter to this effect from your employer is required.

AUTHORIZATION - To Permit Use and Disclosure of Health Information



First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501

This Authorization was prepared by First Agency, Inc. for purposes of obtaining information necessary to process a claim for benefits.

Upon presentation of the original or a photocopy of this signed Authorization, I authorize, without restriction (except psychotherapy notes), any licensed physician, medical professional, hospital or other medical-care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer or benefit administrator to provide First Agency, Inc. or an agent, attorney, consumer reporting agency or independent administrator, acting on its behalf, all information concerning advice, care or treatment provided the patient, employee or deceased named below, including all information relating to, mental illness, use of drugs or use of alcohol. This Authorization also includes information provided to our health division for underwriting or claim servicing and information provided to any **StarNet & Berkley Life & Health Insurance Company** on previous applications. If this Authorization is for someone other than myself, that individual has given me authority to act on his/her behalf as explained below.

I understand that I have the right to revoke this Authorization, in writing, at any time by sending written notification to my agent or to us at the above address. I understand that a revocation will not be effective to the extent we have relied on the use or disclosure of the protected health information or if my Authorization was obtained as a condition to determine my eligibility for benefits. Revocation requests must be sent in writing to the attention of the Claims Supervisor.

I understand that First Agency, Inc. may condition payment of a claim upon my signing this authorization, if the disclosure of information is necessary to determine the level or validity of the claim payment. I also understand, once information is disclosed to us pursuant to this Authorization, the information will remain protected by First Agency, Inc. in accordance with federal or state law.

I understand that I or my authorized representative is entitled to receive a copy of this authorization upon request.

This Authorization is valid from the date signed for the duration of the claim.

Name of Authorized Representative, or Next of Kin (please print) _____

Name of Claimant (please print) _____

Signature of Authorized Representative or Next of Kin _____

Date _____

Signature of Claimant (if claimant is 18 or older) _____

Date _____

Relationship of Authorized Representative or Next of Kin to Claimant _____

SCHOOL / ADMINISTRATOR / OFFICIAL / POLICYHOLDER TO COMPLETE

School Student Attends: _____ In _____ School District _____

Student's Full Name (print Last, First, MI): _____ Sex: ☐ Male ☐ Female Grade: _____

Student's Home Address: _____

Date of Accident: _____ Time of Accident: _____ ☐ AM ☐ PM

Detailed Description of Accident: How did it occur? (or attach accident report completed by the school representative who witnessed the accident) _____

Where did it occur? _____

If body injured: _____ ☐ Right ☐ Left

Activity: _____ ☐ Interscholastic ☐ Intramural ☐ Club ☐ Other (describe): _____

Name of school authority supervising activity: _____

Was supervisor a witness to the accident? ☐ Yes ☐ No If No, date reported to school: _____

Signature of School Official _____

Date _____

Title of School Official (please print) _____

Berkley OS-101 07/11

Dear Parent:

Our program provides accident coverage for all participants. Outlined below is important information regarding this coverage. It is intended as a brief description for reference only, and is not the policy.

Only **ACCIDENTS** that occur in program-sponsored and supervised activities are covered.

DEFINITION OF ACCIDENT:

ACCIDENT means a sudden, unexpected event that results in Injury to the Covered Person.

Conditions that result from participating in an activity do not necessarily constitute accidents. For example, diseases, degeneration, conditions caused by continued stress to a particular area of the body, and existing conditions aggravated by an accident are not covered.

- A. This plan of insurance is **EXCESS ONLY**: It will not duplicate benefits paid or payable by any other insurance or plan including HMO's or PPO's.
- B. Failure by a Covered Person to follow the terms and conditions of His primary coverage will result in a benefit reduction of Eligible Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after an Accident when the Accident occurs outside the geographic area served by His primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.
- C. Medical treatment for a covered accident must begin within 60 days of that accident. Only expenses incurred within 52 weeks are considered. Benefits are determined on the basis of **REASONABLE AND CUSTOMARY** for the geographic location where services are performed.
- D. Specific exclusions of the policy include, but are not limited to, disease, or hernia in any form; non-prescription drugs; fighting; and orthotics not prescribed exclusively for rehabilitation (e.g., playing brace, mouth guard).
- E. Dental Sub-limit, sound natural teeth, limited to \$250 per tooth per covered accident.
- F. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Accidents must be reported to the program official within 20 days. Medical bills must be submitted to First Agency, Inc. within 90 days after date of treatment. Questions regarding claim procedures may be directed to First Agency, Inc. at 5071 West H Avenue, Kalamazoo, Michigan 49009 or 269/381-6630 or Fax 269/381-3055.

HOW TO FILE YOUR ACCIDENT CLAIM FORM:

- 1. Complete **ALL** blanks. If information is not applicable, indicate the **reason** it is not (e.g., deceased, unknown).
- 2. Attach all **ITEMIZED** bills to date (**not** balance due statements) for **MEDICAL EXPENSES ONLY**. Subsequent medical bills can be submitted within 90 days after date of treatment.
- 3. Include all worksheets, denials, and/or statements of benefits from your primary insurer. (Each charge **must** be processed by all other insurances/plans before they can be processed by First Agency, Inc.)
- 4. If you are employed and no coverage is provided by your employer, **A LETTER OF VERIFICATION FROM YOUR EMPLOYER STATING THAT NO COVERAGE IS PROVIDED MUST BE SUBMITTED.**
- 5. Mail claim form within 90 days of the accident to:
First Agency, Inc.
5071 West H Avenue
Kalamazoo, MI 49009-8501

Berkley Life and Health Insurance Company

2445 Kuser Road, Suite 201
Hamilton Square, NJ 08690

PH: (402) 991-6301

CU Cooperative Extension Services
CLEMSON UNIVERSITY

Policy # PAI L005000016601

Eff. Date: June 1, 2019

Exp. Date: May 31, 2020

Participant Name: _____

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2445 Kuser Road, Suite 201
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Eff. Date: June 1, 2019

Exp. Date: May 31, 2020

Participant Name: _____

CLEMSON UNIVERSITY RISK MANAGEMENT INCIDENT/ACCIDENT FORM

To be completed for incidents involving injury or potential injury to employees, attendees, visitors and/or general public.

Name of injured person _____ Date of Birth _____

Home Address _____

Home Phone _____ Work Phone _____

Details of Incident/Accident

Incident Date _____ Time _____ am/pm Location _____

Description of what happened _____

Report what you think contributed to the incident/accident _____

Was injured party taken to hospital or doctor? Yes ____ No ____

If yes, name of facility _____

How injured-party was transported _____

Type of injury (ex: cut, puncture, burn, slip & fall) _____

State body part injured _____ Right _____ Left _____

Witness to incident/accident - Name _____

Address _____ Phone _____

Reported to security/police: Yes ____ No ____ Officer's Name _____

Name of Police Department responding _____

(Attach copy of police report to this form)

Report prepared by _____	Phone _____	Date _____
--------------------------	-------------	------------

Forward to Risk Management, E-306 Martin Hall, Clemson, SC 29634-5339
Fax (864) 656-4558, Phone (864) 656-3354.

4-H CHECK-OUT FORM
[INSERT YOUR PROGRAM NAME HERE]

Full Name (please print clearly)	Date & Time OUT	Date & Time IN

Please continue on back if necessary.

Youth will be released only to the person(s) indicated in their 4-H enrollment form unless otherwise specified with a Pick-up Authorization Form on file.

Treatment Form

Date	Time (am/pm)	Legal Name	M/F	Health Problem or Concern	Health Care Provided	Treated by	Report filed?

4-H Medicine Log

4-H Club _____

Dates _____

4-Hers Name Group #	Medicine Name	Dosage	# Times Daily	Times	S	M	T	W	Th	F	S	Special Instructions or notes (includeing omitted doses)
					Time: Initials	Time: Initials	Time: Initials	Time: Initials	Time: Initials	Time: Initials	Time: Initials	

Please print neatly. This is a permanent record

Ages and stages of Youth Development

Keep these aspects of youth development in mind as you plan activities.



5-8

Early Childhood
"Cloverbuds"



20 min.
attention span

participation



winning

high energy



concrete
thinkers



active
learners



9-11

Middle Childhood
"Junior 4-H'ers"

attachment to
older youth



loyal to same-sex peers



45 min.
attention span

begin planning
social activities



12-14

Early Adolescence
"Junior/Senior 4-H'ers"



make
unrealistic
choices



self-
conscious

make own
decisions
with
guidance



enjoy
topics
with
global
relevance

15-18

Middle Adolescence
"Senior 4-H'ers"

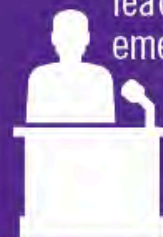


drive for social
acceptance

abstract
thinkers



leaders
emerge



variety of experiences

ALL AGES



Safe opportunities to
try, fail, and try again!

strong positive
mentoring



SOURCE: "Positive Youth Development: Understanding Ages & Stages of Youth Development". USDA



Because of your contribution, we have been able to reach over 100,000 youth across the state of South Carolina that are representative of the people who live here. Thank you for all your hard work, dedication, and commitment to the youth of your community and our great state and country!

Thank you!!!

South Carolina 4-H

at a glance

participation

104,562 total participants

 22% increase since 2015

3,770 adult volunteers

 6% increase over the last year

522 youth volunteers

 41% increase over the last year

103,428
participated in
STEM programs

20,211
participated in
healthy
living programs

22,970
participated
in citizenship
programs

demographics

Gender

Female 51%

Male 49%

Diversity

White 54%

African American 39%

Asian 1%

Other 6%

Ethnicity

Hispanic 7%

Non-Hispanic 93%

Residence

City 3%

Suburban 30%

Town 32%

Rural 32%

Farm 4%



Data for 2016-2017

